

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

FEB 12 1962

CERTIFICATE OF DEATH

1883

REGISTRATION DISTRICT NO. 54-80

REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

1-N
Type or write legibly. Use black ink.
534
3

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician, but in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if request was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Lenoir - Kinston</u>		b. TOWNSHIP		c. LENGTH OF STAY (in la)		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>N.C.</u>		b. COUNTY <u>Duplin</u>		
4. CITY OR TOWN <u>Kinston</u> <small>In Place of Death Within City Limits</small>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN <u>Kenansville</u> <small>In Place of Residence</small>				
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lenoir Memorial Hospital</u>						d. STREET ADDRESS OR R. F. D. NO.				
3. NAME OF DECEASED <small>(Type or Print)</small>			First <u>Florence Ann</u> Middle <u>Hall</u> Last <u>Sandlin</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>19</u> Year <u>1962</u>				
6. SEX <u>Female</u>		8. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. DATE OF BIRTH <u>2-7-1896</u>		10. AGE (in years last birthday) <u>62</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>			11. BIRTHPLACE (State or foreign country) <u>Duplin Co., N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Richard Hall</u>			14. MOTHER'S MAIDEN NAME <u>Eliza Hall</u>			NAME OF HUSBAND OR WIFE <u>Frank Sandlin</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.			17. INFORMANT'S NAME AND ADDRESS <u>Mrs. Ann Gresham, Kenansville, N.C.</u>				
19. CAUSE OF DEATH— ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES—Conditions, any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) <u>Carcinomatosis Abd. & pelvic</u> DUE TO (a) <u>Carcinoma of Cervix Stage V</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>11 years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>171X</u>								18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19)							
20c. TIME OF INJURY MONTH, DAY, YEAR M. <u>1962</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP		COUNTY		STATE
21. I attended the deceased from <u>10:49 to 19 Jan 1962</u> and last saw her alive on <u>19 Jan 1962</u> Death occurred at <u>1:30 A.M.</u> on the date stated above, and to the best of my knowledge from the causes stated.										
22a. SIGNATURE <u>Alvin J. Williams</u> (Degree or title)					22b. ADDRESS <u>Kinston N.C.</u>			22c. DATE SIGNED <u>30 Jan 62</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-21-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cabin Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Near Beulaville, N.C.</u>				
24. DATE REC'D BY LOCAL REP. <u>2 1962</u>		25. REGISTRAR'S SIGNATURE <u>R. C. King</u>			26. FUNERAL DIRECTOR <u>Quinn-McGowen Co., Inc., Warsaw, N.C.</u>		ADDRESS			

FORM 8
Rev. 1-58

1-61-1508