

NOV 6 1975

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

35141

REGISTRATION DISTRICT NO. 031-00 LOCAL NO.

TYPE OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED <i>Henry Hadnal Quinn</i>		2. DATE OF DEATH <i>10-8-75</i>	
3. SEX <i>M</i>	4. COLOR OR RACE <i>White</i>	5. STATE OF BIRTH <i>N.C.</i>	6. DATE OF BIRTH <i>4-12-94</i>
7. PLACE OF BIRTH COUNTY <i>Duplin Co</i>		8. USUAL RESIDENCE CITY OR TOWN <i>Kenansville</i> STATE <i>N.C.</i> COUNTY <i>Duplin</i>	
9. NAME OF HOSPITAL OR INSTITUTION <i>Duplin General Hospital</i>		10. STREET ADDRESS OR R.F.D. <i>Magnolia</i>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Married</i>		12. SURVIVING SPOUSE <i>MINNIE QUINN</i>	
13. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		14. SOCIAL SECURITY NUMBER <i>246-26-0616</i>	
15. FATHER'S NAME <i>Louis Henry Quinn</i>		16. MOTHER'S MAIDEN NAME <i>Eileen-Catherine Chestnut</i>	
17. INFORMANT'S NAME AND ADDRESS <i>MINNIE D. QUINN Rt 1 Box 79 Magnolia, NC</i>			

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18. DEATH CAUSED BY <i>DISSECTING ABDOMINAL AORTIC ANEURYSM</i>		19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 HRS.</i>	
20. OTHER SIGNIFICANT CONDITIONS <i>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</i>			
21. CHRONIC OBST. LUNG DISEASE; (R) Inguinal Hernia		22. ALCOHOLIC YES OR NO <i>NO</i>	

CAUSE

23. TIME OF INJURY		24. PLACE OF INJURY		25. CITY OR TOWN		26. COUNTY		27. STATE	
28. CERTIFICATION - SURVIGIAN		29. CERTIFICATION - MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER		30. SIGNATURE OF SURVIGIAN		31. DATE SIGNED		32. ADDRESS	
33. SIGNATURE OF SURVIGIAN <i>Joseph H Haddock</i>		34. DATE SIGNED <i>10/8/75</i>		35. ADDRESS <i>Kenansville, N.C.</i>		36. SIGNATURE OF MEDICAL EXAMINER <i>Milton DeLuca</i>		37. LICENSE NO. <i>2911</i>	

CERTIFIER

38. BUREL, CREMATION, OR OTHER		39. NAME OF CEMETERY OR CREMATORY		40. LOCATION		41. CITY, TOWN, OR COUNTY		42. STATE	
43. FUNERAL HOME <i>Quinn-McGowen FH, Warsaw, N. C.</i>		44. SIGNATURE OF FUNERAL DIRECTOR <i>Milton DeLuca</i>		45. LICENSE NO. <i>2911</i>		46. SIGNATURE OF BALANCEE <i>Benny E. Boney</i>		47. LICENSE NO. <i>1329</i>	

BURIAL

48. DATE REC'D BY LOCAL REG. <i>10-13-75</i>		49. SIGNATURE OF REGISTRAR <i>W. S. Stevens</i>		50. SIGNATURE OF BALANCEE <i>Benny E. Boney</i>		51. LICENSE NO. <i>1329</i>	
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