

MAR 6 1966

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

4273

25

REGISTRATION DISTRICT NO. 25-80

REGISTRAR'S CERTIFICATE NO. 53

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Funeral Director or person acting in such a capacity should be responsible for the completion of this form with the registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the official certification.

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Craven</u>		b. TOWNSHIP <u>#8</u>		c. LENGTH OF STAY (in hr) _____		2. USUAL RESIDENCE (Where deceased lived. If institution: address before admission)					
d. CITY OR TOWN <u>New Bern</u>		In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				a. STATE <u>N. Carolina</u>		b. COUNTY <u>Craven</u>			
3. FULL NAME OF DECEASED (Type or Print) <u>John Washington SANDLIN</u>						4. STREET ADDRESS OR R. F. D. NO. _____					
5. NAME OF DECEASED (First Middle Last) <u>John Washington SANDLIN</u>						6. DATE OF DEATH (Month Day Year) <u>Feb. 22 1964</u>					
7. SEX <u>Male</u>		8. COLOR OR RACE <u>White</u>		9. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		10. DATE OF BIRTH <u>11/18/06</u>		11. AGE (In years last birthday) <u>57</u>			
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		13. KIND OF BUSINESS OR INDUSTRY _____		14. BIRTHPLACE (State or foreign country) <u>Duplin County, N.C.</u>		15. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
16. FATHER'S NAME <u>John Sandlin</u>			17. MOTHER'S MAIDEN NAME <u>Spacie Dunn</u>			18. NAME OF HUSBAND OR WIFE <u>Mary Dunn Sandlin</u>					
19. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		20. SOCIAL SECURITY NO. <u>241-01-0911</u>		21. DEPENDENT'S NAME AND ADDRESS <u>Mrs. Mary Sandlin-Clarks, N.C.</u>							
19. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).								INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:								IMMEDIATE CAUSE (a) <u>Arteriosclerosis &amp; Hypertension</u>		<u>Suddenly</u>	
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DOE TO (a) <u>Terminal Coronary Thrombosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO VISCERAL DISEASE CONDITIONS GIVEN BY PART I (a)								DOE TO (b) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		23. DESCRIBE HOW INJURY OCCURRED. (State nature of injury in Part I or Part II of item 19)									
24. TIME OF INJURY _____		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) _____		26. CITY OR TOWNSHIP _____		COUNTY _____		STATE _____			
21. I attended the deceased from _____ to _____ and last saw him/her alive on <u>7/22 1964</u>											
Death occurred at <u>4:00 A.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.											
27. SIGNATURE <u>H. Clyde Smith (Coroner)</u>				28. ADDRESS <u>New Bern N.C.</u>				29. DATE SIGNED <u>7/22/64</u>			
30. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		31. DATE <u>2/24/64</u>		32. NAME OF CEMETERY OR CREMATORY <u>Greenleaf Memorial</u>		33. LOCATION (City, town, or county) (State) <u>New Bern, N.C.</u>					
34. DATE REC'D BY LOCAL REG. <u>2-24-64</u>		35. REGISTRAR'S SIGNATURE <u>W. D. Benson MD (MS)</u>				36. FUNERAL HOME <u>Pollock</u>		ADDRESS <u>New Bern, N.C.</u>			

Fun. Director's Signature \_\_\_\_\_ License # \_\_\_\_\_  
Registrar's Signature \_\_\_\_\_ License # \_\_\_\_\_

Form 9A issued \_\_\_\_\_  
Date Burial Permit Issued \_\_\_\_\_

2-24-64  
Date Form 9 Rev. 1-62 1-63 1000