

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

JUL 6 1962

CERTIFICATE OF DEATH

17417

REGISTRATION DISTRICT NO. 3100 REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

500

All items must be complete and accurate.

THIS COPY FOR STATE BOARD OF HEALTH

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

The physician last 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 inquest was held).

FORM 1  
Rev. 1-58

1-61-150M

1. PLACE OF DEATH a. COUNTY <b>Duplin</b>		b. TOWNSHIP <b>Magnolia</b>		c. LENGTH OF STAY (in yrs.) <b>13 yrs.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>N. C.</b>				b. COUNTY <b>Duplin</b>					
4. CITY OR TOWN <b>Magnolia</b>		In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				c. CITY OR TOWN <b>Magnolia</b>				In Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> On a Farm? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
e. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b>						d. STREET ADDRESS or R. F. D. NO.									
2. NAME OF DECEASED First Middle Last <b>Stephen Boyd Dunn</b> (Type or Print)						4. DATE OF DEATH Month Day Year <b>6 22 62</b>									
1. SEX <b>Male</b>		3. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 5, 1949</b>		9. AGE (In years last birthday) <b>13</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Scholar</b>		11. BIRTHPLACE (State or foreign country) <b>N. C. * Duplin Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Scholar</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>N. C. * Duplin Co.</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>John Henderson Dunn</b>				14. MOTHER'S MAIDEN NAME <b>Lena Driver</b>				NAME OF HUSBAND OR WIFE							
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. -----				17. INFORMANT'S NAME AND ADDRESS <b>John H. Dunn, Magnolia, N. C.</b>							
18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accidental Drowning</b> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										INTERVAL BETWEEN ONSET AND DEATH					
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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 18)											
20c. TIME OF INJURY <b>3:00 P. M.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <b>Farm Pond</b>		20f. CITY OR TOWNSHIP <b>Magnolia</b>		COUNTY <b>Duplin</b>		STATE <b>N. C.</b>					
21. I attended the deceased from _____, 19____, to _____, 19____, and last saw him on <b>6-22</b> , 19 <b>62</b> . Death occurred at <b>3:00 P. M.</b> on the date stated above; and to the best of my knowledge from the causes stated.										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
22a. SIGNATURE <i>H. B. Smith</i>				22b. ADDRESS <b>Coroner Warsaw, N.C.</b>				22c. DATE SIGNED <b>6-23-62</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-24-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Devotional Gardens</b>		23d. LOCATION (City, town, or county) <b>Duplin County, N.C.</b>		(State)							
24. DATE REC'D BY LOCAL REG. <b>6-25-62</b>		25. REGISTRAR'S SIGNATURE <i>John F. Powers MD</i>				26. FUNERAL DIRECTOR <b>Quinn-McGowen Co. Inc. Warsaw, N.C.</b>				ADDRESS					