

MAY 4 1966

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 3100 REGISTRAR'S CERTIFICATE NO.

11739

This is a legal record and will be permanently filed.

Type or write legibly. Use black-ink.

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 in quest was held.

FORM 3
Rev. 1-58

1-61-150M

1. PLACE OF DEATH a. COUNTY <u>Duplin-Kenansville</u>		b. TOWNSHIP		c. LENGTH OF STAY (in hr)		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u>				b. COUNTY <u>Duplin</u>									
d. CITY OR TOWN <u>Kenansville</u>		In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				e. CITY OR TOWN <u>Kenansville</u>				In Place of Residence In City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>									
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Appling Memorial Hospital</u>						4. STREET ADDRESS or R. F. D. NO. <u># 1</u>													
5. NAME OF DECEASED (Type or Print) First <u>Felix</u> Middle <u>Elisha</u> Last <u>Jones</u>						6. DATE OF DEATH <u>April 20, 1966</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>2-15-1879</u>		11. AGE (In years last birthday) <u>87</u>		12. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		13. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>				11. BIRTHPLACE (State or foreign country) <u>Wayne Co., N.C.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Jethro Jones</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Sullivan</u>				NAME OF HUSBAND OR WIFE <u>Dr. Matilda Jones</u>											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>241-20-4744</u>				17. INFORMANT'S NAME AND ADDRESS <u>Mrs Wilbert Jones, Kenansville, N.C.</u>											
18. 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>Coronary Thrombosis</u>										<u>11:31 AM</u>									
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:																			
DUE TO (b) <u>Ch. Corbis Vasculi disease with hyperplasia</u>										<u>10-81 yrs</u>									
DUE TO (c) <u>prostatic hypertrophy & obstruction</u>										<u>0</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITIONS GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 18)																	
21a. TIME OF INJURY		21b. MONTH, DAY, YEAR		21c. HOUR		21d. INJURY OCCURRED WHILE AT WORK? YES <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21f. CITY OR TOWNSHIP		21g. COUNTY		21h. STATE					
21. I attended the deceased from <u>Apr. 11, 1966</u> to <u>Apr. 20, 1966</u> and last saw him alive on <u>Apr. 20, 1966</u> . Death occurred at <u>11:31 A.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.																			
22a. SIGNATURE <u>[Signature]</u>						(Degree or title)				22b. ADDRESS <u>[Address]</u>				22c. DATE SIGNED <u>Apr. 21, 1966</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-22-66</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brock Cemetery</u>				23d. LOCATION (City, town, or county) <u>Kenansville, N.C.</u>				(State)							
24. DATE REC'D BY LOCAL REG. <u>4-22-66</u>		25. REGISTRAR'S SIGNATURE <u>John F. Penrose M.D.</u>				26. FUNERAL DIRECTOR <u>Quinn-McGowen Co., Inc., Warsaw, N.C.</u>				ADDRESS									