

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

JUN 7 1965

CERTIFICATE OF DEATH

16025

REGISTRATION DISTRICT NO. 54-80

REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed. Type or write legibly. See blank inst.

The Funeral Director, or person acting in 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.

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's Signature: [Signature]  
Licenses: [Signature]  
Registrar's Signature: [Signature]  
Licenses: [Signature]

Form 9A Issued

Date Burial Permit Issued

Date Form 5 Rev 1-62 1-62 100M

1. PLACE OF DEATH a. COUNTY Lenoir		b. TOWNSHIP Kinston		c. LENGTH OF STAY (in bed) 5 years		2. USUAL RESIDENCE (When deceased lived in institution, address before admission)							
4. CITY OR TOWN Kinston		In Place of Death Within City Limits <input checked="" type="checkbox"/> <input type="checkbox"/>		e. CITY OR TOWN Kinston		b. STATE N. C. a. COUNTY Lenoir							
3. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 405 E. Grainger Ave.						d. STREET ADDRESS or R. F. D. NO. 405 E. Grainger Ave.							
2. NAME OF DECEASED (Type or Print) First Middle Last Herbert Fred Dunn						6. DATE OF DEATH Month Day Year 5 6 65							
3. SEX Male		5. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-11-11		9. AGE (in years last birthday) 54		10. HEIGHT (inches) 5 11		11. WEIGHT (pounds) 150	
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Highway Comm.				13b. KIND OF BUSINESS OR INDUSTRY		13. BIRTHPLACE (State or foreign country) N. C. Pitt		12. CITIES OF WHAT COUNTRY USA					
14. FATHER'S NAME George M. Dunn				15. MOTHER'S MAIDEN NAME Lizzie Moore				NAME OF HUSBAND OR WIFE Eva Cleo Carlyle Dunn					
16. WAS DECEASED EVER BY U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. SOCIAL SECURITY NO. 232-30-6003		18. INFORMANT'S NAME AND ADDRESS Eva Cleo Carlyle Dunn, Kinston, N. C.							
19. CAUSE OF DEATH—ENTER ONLY ONE CODE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>General Weakness - Heart</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) _____ DUE TO (b) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO IMMEDIATE DEATH CAUSES GIVEN IN PART I (a) <u>172X</u> 19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> <input checked="" type="checkbox"/>										INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (State nature of injury in Part I or Part II of item 19)									
21. TIME OF DEATH OF INJURY 3-1-65 4:30 PM		22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		24. CITY OR TOWNSHIP COUNTY STATE Kinston Lenoir N. C.							
21. I attended the deceased from about 3 P on the date stated above; and to the best of my knowledge from the causes stated.													
25. SIGNATURE [Signature] (Degree or title)				26. ADDRESS Kinston, N. C.				27. DATE SIGNED 5/27/65					
28. BURIAL, CREMATION, REMOVAL OR OTHER Disposition Burial		29. DATE 5-28-65		30. NAME OF CEMETERY OR CREMATORY Westview Cemetery		31. LOCATION (City, town, or county) Kinston Lenoir		32. STATE N. C.					
33. DATE REC'D BY LOCAL HEALTH DEPARTMENT MAY 7 1965						34. FUNERAL HOME Howard & Carter		ADDRESS Kinston, N. C.					