

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

20539

JUL 7 1975  
REGISTRATION DISTRICT NO. 031-00 LOCAL NO.

DATE OF DEATH  
June 10, 1975

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

1-I

STATE BOARD OF HEALTH COPY

CERTIFIED

LOCAL

1. NAME OF DECEASED: **Lloyd Mitchell Dunn**

2. SEX: **Male** COLOR OR RACE: **White** STATE OF BIRTH: **N. C.** DATE OF BIRTH: **Jan. 21, 1953**

3. PLACE OF DEATH: **Duplin** COUNTY: **Duplin** CITY OR TOWN: **Kenansville** STATE: **N. C.** COUNTY: **Duplin**

4. NAME OF HOSPITAL OR INSTITUTION: **Duplin General Hospital** CITY OR TOWN: **Magnolia** INSIDE CITY LIMITS: **Yes**

5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married** SURVIVING SPOUSE: **Mary Ruth Herring** STREET ADDRESS OR R.F.D. NO.: **General Delivery** INSIDE CITY LIMITS: **Yes**

6. CITIZEN OF WHAT COUNTRY: **U. S. A.** SOCIAL SECURITY NUMBER: **240-88-5364** USUAL OCCUPATION: **Upholsterer** KIND OF BUSINESS OR INDUSTRY: **Furniture Mfg.**

7. FATHER'S NAME: **Henry J. Dunn** MOTHER'S MARRIED NAME: **Eliza Knowles**

8. INFORMANT'S NAME AND ADDRESS: **Mrs. Mary H. Dunn (Wife), General Delivery, Magnolia, N. C. 28453**

9. DEATH CAUSED BY: **June 10, 1975**

10. IMMEDIATE CAUSE: **Carcinoma of Liver with Metastasis.**

11. ONE TO BE AS A CONSEQUENCE OF: **Juvenile Diabetes Mellitus very brittle.** 6 yrs. of age

12. ONE TO BE AS A CONSEQUENCE OF: **Pulmonary Embolism and Pneumonia.** April 1974

13. OTHER SIGNIFICANT CONDITIONS: **Autopsy: No**

14. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED: **8-8-75**

15. DESCRIBE HOW INJURY OCCURRED: **57**

16. INJURY AT WORK: **6-10-75**

17. PLACE OF INJURY: **75**

18. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: **ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION IN AN APPOINTED DEATH CASE DUE TO THE CAUSE(S) STATED ABOVE THE DECEASED WAS REPRODUCED AS AT**

19. OCCURRED AT: **4:35P** ON THE DATE STATED ABOVE, AND IN AN OPINION FROM THE CROSS STAMP

20. SIGNATURE OF CERTIFIER: **Edin P. Rice, MD** DATE SIGNED: **6-16-75**

21. ADDRESS: **303 E. College St., Warsaw, N. C.**

22. BURIAL, CREMATION, OTHER: **Burial** DATE: **6/12/75** NAME OF CEMETERY OR CREMATORY: **Magnolia Cemetery** LOCATION: **Magnolia, N. C.**

23. FUNERAL HOME: **Quinn-McGowen FH, Warsaw, N. C.** SIGNATURE OF FUNERAL DIRECTOR: **Milton D. Rice** LICENSE NO.: **2911**

24. DATE RECD BY LOCAL REG.: **6-18-75** SIGNATURE OF REGISTRAR: **Barry E. Toney** LICENSE NO.: **1329**

100-1 807 1-68 1-68-1000