

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 physician has in attendance in 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 8 Rev. 1/49

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Form No. 122

AUG 6 1954

CERTIFICATE OF DEATH

16985

REGISTRATION DISTRICT NO. 67-00 REGISTRAR'S CERTIFICATE NO. 600

1. PLACE OF DEATH a. COUNTY Onslow		b. TOWNSHIP Jacksonville		c. LENGTH OF STAY (in this place) Life		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C.				b. COUNTY ONSWLOW													
4. CITY OR TOWN Jacksonville		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN Jacksonville		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. STREET ADDRESS or R. F. D. NO. R.F.D.#1															
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rt. 1						3. NAME OF DECEASED a. (First) Sallie						b. (Middle) (N)		c. (Last) Aman		4. DATE OF DEATH (Month) (Day) (Year) 7 11 54							
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N		8. DATE OF BIRTH 2-16-1875		9. AGE (In years, Months, Days) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farming		11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13. FATHER'S NAME Waxell Sandlin						14. MOTHER'S MAIDEN NAME Unknown						17. INFORMANT'S NAME AND ADDRESS Zack Aman Jacksonville, N.C.											
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. -						18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 4201											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 4201						MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis -						INTERVAL BETWEEN ONSET AND DEATH											
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.						ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c)						II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION						19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21a. ACCIDENT SUICIDE BOMBKIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)																	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?																			
22. I hereby certify that I attended the deceased from May 1954 , to 7/11 1954 , that I last saw the deceased alive on May 1954 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.												23a. SIGNATURE W. B. Johnston		23b. ADDRESS Jacksonville, N.C.		23c. DATE SIGNED 7/18/54							
24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24b. DATE 7-13-54		24c. NAME OF CEMETERY OR CREMATORY Family		24d. LOCATION (City, town, or country) (State) Jacksonville, Rt. 1 N.C.																	
DATE RECD BY LOCAL REG. 7-18-54		REGISTRAR'S SIGNATURE Mrs. Sarah Sabston				25. FUNERAL DIRECTOR ADDRESS Quinn-McGowan, Jacksonville, N.C.																	