

JUL 6 1966

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

18865

REGISTRATION DISTRICT NO. 3100 REGISTRAR'S CERTIFICATE NO.

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

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 is required to make the cause of death and sign the medical certification.

1. PLACE OF BIRTH a. COUNTY Duplin-		b. TOWNSHIP Kenansville		c. LENGTH OF STAY (in yrs)		2. USUAL RESIDENCE (When deceased lived, if institution: residence before admission) a. STATE N.C.				b. COUNTY Durham							
d. CITY OR TOWN Kenansville		In Place of Death Within City Limited YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				e. CITY OR TOWN Durham				In Place of Residence In City Limited YES <input type="checkbox"/> NO <input type="checkbox"/> On a Farm YES <input type="checkbox"/> NO <input type="checkbox"/>							
3. FULL NAME OF DECEASED (Type or Print) Susan Sandlin Quinn						4. STREET ADDRESS or R. F. D. NO. Devone Road- Hope Valley											
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-3-1877		9. AGE (in years last birthday) 89		10. DATE OF DEATH April 15, 1966		11. MONTH		12. DAY		13. YEAR	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				15. KIND OF BUSINESS OR INDUSTRY Domestic				16. BIRTHPLACE (State or foreign country) Duplin Co., N.C.				17. CITIZEN OF WHAT COUNTRY U.S.A.					
18. FATHER'S NAME William Sandlin				19. MOTHER'S MAIDEN NAME Susan Quinn				20. NAME OF HUSBAND OR WIFE R.E. Quinn, Sr.									
21. WAS DECEASED BY AN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates of service) No				22. SOCIAL SECURITY NO.				23. INFORMANT'S NAME AND ADDRESS Ray Quinn, Devone Road, Durnam, N.C.									
24. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 5 mins. ANTICIPATED CAUSE—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial hypertension, chronic cardio-vascular disease. 5-10 yrs. DUE TO (c) Multiple small strokes. Oct. 1965.										25. WAS AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
26. ACCIDENT SURVIVE HOMICIDE				27. HOMICIDE HOW INFLECTED (State nature of injury in Part I or Part II of item 10)													
28. TIME OF DEATH		29. DATE OF DEATH		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.)		31. CITY OR TOWNSHIP		32. COUNTY		33. STATE							
10-30-		1965		4-15-		1966		4-15-		1966							
34. I attended the deceased from 10-30-1965 to 4-15-1966 and last saw him/her on 4-15-1966. Death occurred at _____ on the date stated above and to the best of my knowledge from the causes stated.																	
35. SIGNATURE (Type or Print) _____ M.D.				36. ADDRESS 105 E. Hill St., Warsaw, N.C.				37. DATE SIGNED 6-24-66									
38. FUNERAL CHARGE (Type or Print) Burial		39. DATE 4-17-66		40. NAME OF CEMETERY OR CREMATORY Maplewood		41. LOCATION (City, town, or county) Elizabeth City, N.C.											
42. DATE SIGNED BY LOCAL 6-28-66		43. REGISTRAR'S SIGNATURE [Signature]				44. FUNERAL HOME Quinn-McGowen Co., Inc., Warsaw, N.C.		45. ADDRESS		46. DATE							

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's Signature _____
 License of Registrar's Signature _____
 License of Registrar's Signature _____
 Date Part 1A Issued _____
 Date Part 1B Issued _____
 Date Part 1C Issued _____
 10-65 18865