

SEP 6 1968

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

27458

REGISTRATION DISTRICT NO. 42-50 LOCAL NO.

TYPE, OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED CLARENCE (None) GARNER		2. DATE OF DEATH August 26, 1968	
3. SEX Male	4. COLOR OR RACE White	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) North Carolina	6. DATE OF BIRTH Dec. 14, 1903
7. AGE 64		8. IF UNDER 1 YEAR (MONTHS) DAYS HOURS	
9. PLACE OF DEATH Halifax		10. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) North Carolina	
11. CITY OR TOWN Roanoke Rapids		12. COUNTY Halifax	
13. NAME OF HOSPITAL OR INSTITUTION Roanoke Rapids Hospital		14. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		16. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Lillie Poarch	
17. CITIZEN OF WHAT COUNTRY? U. S. A.		18. SOCIAL SECURITY NUMBER 241-30-6369	
19. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Mechanic		20. KIND OF BUSINESS OR INDUSTRY Auto	

PARENTS

21. FATHER'S NAME Leroy Garner	22. MOTHER'S MAIDEN NAME Catherine Stallings
23. INFORMANT'S NAME AND ADDRESS Mrs. Lillie P. Garner 217 Madison Street Roanoke Rapids, No. Car.	

STATE BOARD
OF HEALTH
COPY

PART I. DEATH CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE myocardial infarction		sudden
(b) DUE TO, OR AS A CONSEQUENCE OF:		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		24. AUTOPSY? (YES OR NO) No	25. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) None		27. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
28. TIME OF INJURY None	29. PLACE OF INJURY None	30. CITY OR R.F.D., COUNTY, STATE	

CERTIFIER

31. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM Aug 16 1968 TO Aug 26 1968 AND LAST SAW HIM/HER ALIVE ON Aug 26 1968		32. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE	
33. OCCURRED AT 1:10 P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		34. CAUSE(S) STATED ABOVE. THE DECEDENT WAS PRONOUNCED DEAD AT M. ON 19	

BURIAL

35. SIGNATURE OF CERTIFIER R. E. Frazier M.D.		36. DATE SIGNED 8-30-68		37. ADDRESS Ro. Rapids, N.C.	
38. BURIAL, CREMATION, OTHER (SPECIFY) Burial		39. DATE 8-28-1968		40. NAME OF CEMETERY OR CREMATORY Cedarwood Cemetery	
41. FUNERAL HOME Wrenn-O'Neal		42. ADDRESS Roanoke Rapids, N. C.		43. SIGNATURE OF FUNERAL DIRECTOR Wrenn-O'Neal	
44. DATE REC'D BY LOCAL REG. 9-3-68		45. SIGNATURE OF REGISTRAR Wrenn-O'Neal		46. LICENSE NO. 712	
47. 9-3-68		48. 192			

FORM 8
REV. 1-68
1-58-150M