

FEB 8 1971

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

1875 ✓

4200

TYPE, OR PRINT IN  
PERMANENT  
BLACK INKREGISTRATION  
DISTRICT NO. 42-80 LOCAL NO.

NAME OF DECEASED 1. John Wesley Garner		DATE OF DEATH 2. Jan. 30, 1971	
SEX 3. Male	COLOR OR RACE 4. White	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 5. N.C.	DATE OF BIRTH 6. April 26, 1922
PLACE OF DEATH 8a. COUNTY Halifax		CITY OR TOWN 8b. Roanoke Rapids	USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) 9a. STATE N.C. COUNTY Halifax
NAME OF HOSPITAL OR INSTITUTION 8c. DOA, Roanoke Rapids Hosp.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 8d. yes	CITY OR TOWN 9c. Weldon
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Maggie Nowell	STREET ADDRESS OR R.F.D. No. Pd. 1317 Elm	
CITIZEN OF WHAT COUNTRY? 12. U S A	SOCIAL SECURITY NUMBER 13. 240-26-4822	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Retired Textile	KIND OF BUSINESS OR INDUSTRY 14b. J P Stevens Co/
FATHER'S NAME 15. Ashley Garner		MOTHER'S MAIDEN NAME 16. Kate Medlin	
INFORMANT'S NAME AND ADDRESS 17. Miss Sheila Garner, Weldon, N.C.			

PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE:		Myocardial Infarction	
(b) DUE TO, OR AS A CONSEQUENCE OF:		ACKD	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Diabetes Mellitus	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY? (YES OR NO) 19b. No	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19c.
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. TIME OF INJURY	20b. INJURY AT WORK (SPECIFY YES OR NO)	20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	20d. CITY OR R.F.D. COUNTY STATE

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 1-30-71 TO 1-30-71 AND LAST SAW HIM/HER ALIVE ON 1-30-71 DEATH		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	
21. OCCURRED AT 5:00 P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.	22. CAUSE(S) STATED ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT 11:00 A.M. ON 1-30-71		
SIGNATURE OF CERTIFIER 23a. W.D. Jordan	DEGREE OR TITLE M.D.	DATE SIGNED 2-1-71	ADDRESS 23c. Roanoke Rapids NC
BURIAL, CREMATION, OTHER (SPECIFY) 24a. Burial	DATE 24b. Feb 1, 1971	NAME OF CEMETERY OR CREMATORY 24c. Medlin Family Cemetery	LOCATION (CITY, TOWN, OR COUNTY) (STATE) 24d. Weldon, N.C.
FUNERAL HOME 25. Rowe Funeral Home	NAME Weldon, N.C.	SIGNATURE OF FUNERAL DIRECTOR 26. Robert L. Stephens	LICENSE NO. 2116
DATE REC'D BY LOCAL REG. 27. 2-3-71	SIGNATURE OF REGISTRAR 28. [Signature]	SIGNATURE OF EMBALMER (IF EMBALMED) Robert L. Stephens	LICENSE NO. 1162

STATE BOARD  
OF HEALTH  
COPY2509  
CAUSE

CERTIFIER

Permit issued

1-31-71  
Date

BURIAL

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