

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

10145

APR 8 1975
REGISTRATION DISTRICT NO. 220 LOCAL NO. 134

TYPE OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED Lonzo Scott Garner		2. DATE OF DEATH March 11, 1975	
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 April 10, 1917
7. AGE (IN YEARS LAST BIRTHDAY) 57		8. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
9. PLACE OF DEATH COUNTY Halifax		10. CITY OR TOWN Roanoke Rapids	
11. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE North Carolina		12. COUNTY Halifax	
13. NAME OF HOSPITAL OR INSTITUTION Halifax Memorial 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) Beth Matthews	
17. CITIZEN OF WHAT COUNTRY? U. S. A.		18. SOCIAL SECURITY NUMBER 238-07-6606	
19. FATHER'S NAME Joseph T. Garner		20. MOTHER'S MAIDEN NAME Myrtle Clippard	
21. INFORMANT'S NAME AND ADDRESS Mrs. L. S. Garner, 701 Vance St., Roanoke Rapids, N. C. 27870 - Wife			

PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE		Acute myocardial infarction			
(b) DUE TO, OR AS A CONSEQUENCE OF		Other conditions listed below			
(c) DUE TO, OR AS A CONSEQUENCE OF					
18. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(S), STATING THE UNDERLYING CAUSE LAST					

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

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 3-11-75 TO 3-11-75 AND LAST SAW HIM/HER ALIVE ON 3-11-75 DEATH 8:30 P		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 CAUSE(S) STATED ABOVE. THE DECEDENT WAS PRONOUNCED DEAD AT 3-11-75	
21. OCCURRED AT 8:30 P M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		22. ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT 3-11-75	
23a. SIGNATURE OF CERTIFIER Heidi C. Moulton		23b. DATE SIGNED 3-11-75	
23c. ADDRESS Roanoke Rapids, NC		23d. DEGREE OR TITLE M.D.	

24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		24b. DATE 3-13-75		24c. NAME OF CEMETERY OR CREMATORY Cedarwood Cemetery	
24d. FUNERAL HOME Branch Funeral Home, Roanoke Rapids, N. C.		24e. LOCATION (CITY, TOWN, OR COUNTY) Roanoke Rapids, N. C.		24f. STATE N. C.	
25. DATE REC'D BY LOCAL REG. 3-13-75		SIGNATURE OF REGISTRAR L. B. Hays		SIGNATURE OF FUNERAL DIRECTOR Phil B. Boyette	
25a. SIGNATURE OF REGISTRAR		25b. SIGNATURE OF FUNERAL DIRECTOR		25c. LICENSE NO. 42	
25d. SIGNATURE OF REGISTRAR		25e. SIGNATURE OF FUNERAL DIRECTOR		25f. LICENSE NO. 59	