

DEC 4 1964

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

34989

Hubbard
Dr. Taylor

166

This is a legal record and will be permanently filed.
Type or write legibly.
Use black ink.

The Funeral Director,
or person acting
as such, is
responsible for filing
the completed cer-
tificate with
the registrar of the
district where
death occurred.

The physician
in attendance is
required to state
the cause of death
and sign the medi-
cal certification

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's
Signature # _____
License # _____
Embalmer's
Signature # _____
License # _____

Form 9A Issued

Date
Burial Permit Issued

11-27-64

Date
Form 8
Rev. 1-62
7-63 100M

REGISTRATION
DISTRICT NO. 12-80REGISTRAR'S
CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY Halifax			b. TOWNSHIP Roanoke Rapids	c. LENGTH OF STAY (in days) 3 weeks	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE North Carolina		
4. CITY OR TOWN Roanoke Rapids			In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	c. CITY OR TOWN Gaston			In Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Roanoke Rapids Hospital			d. STREET ADDRESS or R. F. D. NO. School Street				
3. NAME OF DECEASED (Type or Print) ROSA LEE PORCH			Last HUBBARD			4. DATE OF DEATH Nov. 26, 1964	
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 6-8-1888		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days Hours Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Peter Porch			14. MOTHER'S MAIDEN NAME Elizabeth Garner			NAME OF HUSBAND OR WIFE George W. Hubbard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 243-40-7499			17. INFORMANT'S NAME AND ADDRESS Mrs. Annie Roughton Gaston, N.C.	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>nephroclerosis - Renal failure</u>							
INTERVAL BETWEEN ONSET AND DEATH 22 days							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20. ACCIDENT SUICIDE HOMICIDE							
20b. DESCRIBE HOW INJURY OCCURRED. (Same nature of injury in Part I or Part II of item 18)							
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY		20d. INJURY OCCURRED WHERE AT M. <input type="checkbox"/> NOT WHERE <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE		
21. I attended the deceased from 11-4 1964 to 11/26 1964		and last saw him alive on 11/26 1964		11/26 1964			
Death occurred at 11:35 am on the date stated above; and to the best of my knowledge from the causes stated.							
22. SIGNATURE a. Portale		(Degree or title) M.D.		22b. ADDRESS Roanoke Rapids, NC		22c. DATE SIGNED 12-1-64	
23. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		23b. DATE 11-28-1964	23c. NAME OF CEMETERY OR CREMATORIUM Lebanon Church Cemet.		23d. LOCATION (City, town, or county) (State) Northampton County, N.C.		
24. DATE REC'D BY LOCAL REG. Dec. 3, 1964		25. REGISTRAR'S SIGNATURE Robert V. Young Jr.		26. FUNERAL HOME Wrenn-O'Neal		ADDRESS Roanoke Rapids, NC	