

SEP 6 1968

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

27458

Wagner
TYPE, OR PRINT IN
PERMANENT
BLACK INK

REGISTRATION
DISTRICT NO. 42-50 LOCAL NO.

NAME OF DECEASED		FIRST	MIDDLE	LAST	DATE OF DEATH		(MONTH, DAY, YEAR)		
1. CLARENCE		(None)		GARNER	2. August 26, 1968				
SEX	COLOR OR RACE	STATE OF BIRTH	IF NOT IN U.S.A., NAME COUNTRY	DATE OF BIRTH	AGE	IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HOURS	
3. Male	4. White	5. North Carolina		6. Dec. 14, 1903	7. 64	MONTHS	DAYS	HOURS	
PLACE OF DEATH		USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)							
COUNTY 8a. Halifax		CITY OR TOWN 8b. Roanoke Rapids			STATE 9a. North Carolina COUNTY 9b. Halifax				
NAME OF HOSPITAL OR INSTITUTION 8c. Roanoke Rapids Hospital		INSIDE CITY LIMITS (SPECIFY YES OR NO) 8d. Yes		CITY OR TOWN 9c. Roanoke Rapids					
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10. Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Lillie Poarch		STREET ADDRESS OR R.F.D. No. 12. 217 Madison Street		INSIDE CITY LIMITS (SPECIFY YES OR NO) 13. Yes			
CITIZEN OF WHAT COUNTRY? 12. U. S. A.		SOCIAL SECURITY NUMBER 13. 241-30-6369		USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Mechanic		KIND OF BUSINESS OR INDUSTRY 14b. Auto			
FATHER'S NAME 15. Leroy Garner		MOTHER'S MAIDEN NAME 16. Catherine Stallings							
INFORMANT'S NAME AND ADDRESS 17. Mrs. Lillie P. Garner 217 Madison Street Roanoke Rapids, N. C.									
PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, 1c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
1a. IMMEDIATE CAUSE: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		<i>myocardial Spasms</i>			<i>sudden</i>				
1b. DUE TO, OR AS A CONSEQUENCE OF:									
18. DUE TO, OR AS A CONSEQUENCE OF:									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I 1a:									
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b)			AUTOPSY? 19b. YES OR NO 19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH				
20a. TIME OF INJURY		20b. MONTH DAY YEAR HOUR	20c. INJURY AT WORK (SPECIFY YES OR NO)	20d. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY OFFICE BLDG., ETC. (SPECIFY)	20e. CITY OR R.F.D.	20f. COUNTY	20g. STATE		
20h.									
CERTIFICATION-PHYSICIAN: I ATTENDED THE DECEASED FROM <i>Aug 16 1968</i> TO <i>Aug 26 1968</i> AND LAST SAW HIM HER ALIVE ON <i>Aug 26 1968</i> DEATH 21. OCCURRED AT <i>1:10P</i> ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.					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				
SIGNATURE OF CERTIFIER 23a. <i>R.E. Wagner MD</i>		23b. DEGREE OR TITLE	23c. DATE SIGNED	22. CAUSES STATED ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT <i>M. ON 19</i> ADDRESS					
BURIAL, CREMATION, OTHER (SPECIFY) 24a. Burial		NAME OF CEMETERY OR CREMATORIAL 24b. 8-28-1968 Cedarwood Cemetery			LOCATION CITY, TOWN, OR COUNTY 24d. Roanoke Rapids, N. C.				
FUNERAL HOME 25. Wrenn-O'Neal		NAME 25. Roanoke Rapids, N. C.			SIGNATURE OF FUNERAL DIRECTOR <i>W. L. Wagner Jr.</i>				
DATE REC'D BY LOCAL REG. 26. 9-3-68		SIGNATURE OF REGISTRAR 26. <i>W. L. Wagner Jr.</i>			SIGNATURE OF EMBALMER 26. <i>W. L. Wagner Jr.</i>				
LICENSING NO. 27. 192					LICENSING NO. 27. 192				
28.									

STATE BOARD
OF HEALTH
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