

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

FEB 8 1971

REGISTRATION NO. 42-80

TYPE, OR PRINT IN
PERMANENT
BLACK INK

1875 ✓

656
DECEASED

NAME OF DECEASED	FIRST	MIDDLE	LAST	DATE OF DEATH	(MONTH, DAY, YEAR)
1. John		Wesley	Garner	2. Jan. 30,	1971
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 MONTHS DAYS HOURS MIN.
Male	White	N.C.	April 26, 1922	48	
PLACE OF DEATH	USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)				
COUNTY 8a. Halifax	CITY OR TOWN 8b. Roanoke Rapids	STATE 9a. N.C.	CITY OR TOWN 9c. Weldon	COUNTY 9b. Halifax	
HOSPITAL OR INSTITUTION 8c. DOA, Roanoke Rapids Hosp.	INSIDE CITY LIMITS (SPECIFY YES OR NO) 8d. yes	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Maggie Nowell	STREET ADDRESS OR R.F.D. No. 9d. 1317 Elm	INSIDE CITY LIMITS (SPECIFY YES OR NO) 9e. no	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	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.					

STATE BOARD
OF HEALTH
COPY

2509
CAUSE

PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR 1st, (1a), (1b)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
(a) IMMEDIATE CAUSE: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDER- LYING CAUSE LAST		<i>Myocardial Infarction</i> <i>ACVD</i>									
(b) DUE TO, OR AS A CONSEQUENCE OF: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		<i>Diabetes Mellitus</i>									
19a.	ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b)		19b. <i>No</i>	19c. <i>IF YES</i> WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						
20a.	TIME OF INJURY	MONTH	DAY	YEAR	HOUR	INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	CITY OR R.F.D.	COUNTY	STATE
20c.						20d.	20e.		20f.		
CERTIFICATION-PHYSICIAN: I ATTENDED THE DECEASED FROM <i>1-30 77</i> AND LAST SAW HIM HER ALIVE ON <i>1-30 77</i> 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 <i>58</i>	M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.					22. CAUSES STATED ABOVE THE DECEASED WAS PRONOUNCED DEAD AT <i>2-1-71</i> M. ON <i>19</i>					
SIGNATURE OF CERTIFIER <i>John D. Jordan</i> DEGREE OR TITLE <i>MD</i> DATE SIGNED <i>2-1-71</i>						ADDRESS <i>Ronnie Roddy Jr.</i>					
23a.	BURIAL, CREMATION, OTHER (SPECIFY)	DATE 24a. <i>Burial</i>	NAME OF CEMETERY OR CREMATORIUM 24c. <i>Feb 1, 1971 Medlin Family Cemetery</i>			LOCATION 24d. <i>Weldon, N.C.</i>	CITY, TOWN, OR COUNTY STATE				
FUNERAL HOME 25. <i>Rowe Funeral Home</i> Weldon, N.C.						SIGNATURE OF FUNERAL DIRECTOR 26. <i>Robert L. Stephens</i>			LICENSE NO. 2776		
DATE REC'D BY LOCAL REG. 27. <i>2-3-71</i>						SIGNATURE OF EMBALMER 28. <i>Robert L. Stephens</i>			LICENSE NO. 1162		

FORM II
REV. 1-68
148-150M