

JAN 8 1962

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

35622

REGISTRATION
DISTRICT NO.REGISTRAR'S
CERTIFICATE NO.

This is a legal record and will be permanently filed.

6562

Type or write legibly.
Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY Halifax			b. TOWNSHIP	c. LENGTH OF STAY (in days) Life	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C.			b. COUNTY Halifax			
			Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 306 Woodlawn Avenue						d. STREET ADDRESS or R. F. D. No. 306 Woodlawn Avenue					
3. NAME OF DECEASED (Type or Print) JAMES CLIFTON GARNER, SR.			Last			4. DATE OF DEATH Dec. 6, 1961			Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 15, 1898	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY J.S.Turner & Sons			11. BIRTHPLACE (State or foreign country) Halifax County, N.C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Lonnie Thomas Garner			14. MOTHER'S MAIDEN NAME Nellie Andleton			NAME OF HUSBAND OR WIFE Mittie Fisher Garner					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 1			16. SOCIAL SECURITY NO. 246-07-5399			17. INFORMANT'S NAME AND ADDRESS Mrs. J.C. Garner			306 Woodlawn Ave. Weldon, 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) Coronary Thrombosis ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)									INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200 ✓									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)								
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY M.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <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 9, 1, 1961 to 12, 6, 1961, and last saw him alive on 12, 4, 1961.											
Death occurred at 8:20A.m on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE <i>J.B. Deane Jr.</i>			(Degree or title)			22b. ADDRESS			22c. DATE SIGNED		
						Weldon			12.8.61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Dec. 7, 1961			23c. NAME OF CEMETERY OR CREMATORIUM Cedarwood Cemetery			23d. LOCATION (City, town, or county) (State) Weldon, N.C.		
24. DATE REC'D BY LOCAL REG. 12/11/61			25. REGISTRAR'S SIGNATURE <i>Robert S. Young, Jr.</i>			26. FUNERAL DIRECTOR			ADDRESS		
						Rowe Funeral Home, Inc. Weldon, N.C.					

FORM 8

Rev. 1-68