

OCT 6 1961

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

25737

REGISTRATION
DISTRICT NO. 4280REGISTRAR'S
CERTIFICATE NO.This is a legal
record and will be
permanently filed.0 -
656Type or
write legibly.
Use black ink.

2

All items must be
complete and
accurate.The undertaker, or
person acting as
such, is responsi-
ble for filing the
completed certifi-
cate with registrar
of the district
where death
occurred.The physician last
in attendance is
required to state
the cause of death
and sign the medi-
cal certification.If there was no
doctor in attend-
ance, medical cer-
tification to be
completed by local
Health Officer, (or
Coroner, if in-
quest was held).

FORM 8

Rev. 1-56

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>HANFAX</u>		b. TOWNSHIP <u>Roanoke Rapids</u>		c. LENGTH OF STAY (in 1a) <u>52</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>NC</u>		b. COUNTY <u>Hanover</u>	
d. CITY OR TOWN <u>Roanoke Rapids</u>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN <u>Roanoke Rapids</u>		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) <u>909 Madison</u>						d. STREET ADDRESS or R. F. D. NO. <u>909 Madison St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Joseph</u>			Middle <u>Latton</u>			Last <u>Harner</u>			4. DATE OF DEATH <u>Sept - 10 - 1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>5-3-1884</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Overseer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Greenville Co Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13. FATHER'S NAME <u>Bernice Wyatt Garner</u>			14. MOTHER'S MAIDEN NAME <u>Chrisie Virginia Matthews</u>			NAME OF HUSBAND OR WIFE <u>Myrtle Mae Clippard</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>241-09-4808</u>		17. INFORMANT'S NAME AND ADDRESS <u>L. S. "Pete" Harner - Roanoke Rapids</u>					
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).									INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>									
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) <u>Atherosclerotic Heart Disease</u>									
DUE TO (c) <u>Diabetes Mellitus</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>260X</u> ✓									
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 <u>M.</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>1956</u> to <u>9-10</u> , 19 <u>61</u> , and last saw him alive on <u>9-10</u> , 19 <u>61</u> .									
Death occurred at <u>1:30 P</u> m on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <u>[Signature]</u>			(Degree or title) <u>M.D.</u>			22b. ADDRESS <u>Roanoke Rapids NC</u>			22c. DATE SIGNED <u>9-12-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-12-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Edwards Cemetery</u>		23d. LOCATION (City, town, or county) <u>Roanoke Rapids</u>		(State) <u>NC</u>	
24. DATE REC'D BY LOCAL REG. <u>9-14-61</u>		25. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR <u>Branch Funeral Home</u> ADDRESS <u>Roanoke Rapids NC</u>					