

NOV 5 1959

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

McCain

29062

REGISTRATION DISTRICT NO. *98-80*

REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY <i>Wilson</i>		b. TOWNSHIP <i>Wilson</i>		c. LENGTH OF STAY (in la)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>N.C.</i> b. COUNTY <i>Wilson</i>			
d. CITY OR TOWN <i>Wilson</i>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				c. CITY OR TOWN <i>Wilson</i>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>905 Branch St.</i>		d. STREET ADDRESS OR R. F. D. NO. <i>905 Branch St.</i>				In Place of Residence In City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) <i>Bunn</i>			First <i>Bunn</i> Middle Last <i>Hearn</i>			4. DATE OF DEATH Month <i>10</i> Day <i>10</i> Year <i>59</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>5-21-1891</i>		9. AGE (In years last birthday) <i>68</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Baseball Coach</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Orange Co., N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>W. T. Hearn</i>			14. MOTHER'S MAIDEN NAME <i>Nellie Wortham</i>			NAME OF HUSBAND OR WIFE <i>Ethel Barrett</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <i>Mrs. Bunn Hearn, Wilson, N.C.</i>					
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease Indentation</i> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>4200 Diabetes</i>								INTERVAL BETWEEN ONSET AND DEATH	
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 OF INJURY MONTH, DAY, YEAR HOUR M. <i>July 19 57</i>			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 <i>July 19 57</i> to <i>10/10 19 59</i> , and last saw <i>him</i> alive on <i>6/1 19 59</i> . Death occurred at <i>9:00 P.M.</i> on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <i>John McCain</i> (Degree or title)				22b. ADDRESS <i>Wilson, NC</i>			22c. DATE SIGNED <i>10/13/59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>10-13-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Maplewood Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>Wilson, N.C.</i>		
24. DATE REC'D BY LOCAL REG. <i>10-28-59</i>		25. REGISTRAR'S SIGNATURE <i>B. B. McCain</i>			26. FUNERAL DIRECTOR ADDRESS <i>Thomas Yelverton Co., Wilson, NC</i>				

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

6502

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.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

MEDICAL CERTIFICATION