

OCT 10 1961

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

25210

REGISTRATION
DISTRICT NO.

32-95

REGISTRAR'S
CERTIFICATE NO.

1163

This is a legal
record and will be
permanently filed.Type or
write legibly.
Use black ink.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

1. PLACE OF DEATH a. COUNTY Durham		b. TOWNSHIP Durham	c. LENGTH OF STAY (in 1a) 9 Days	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C.		b. COUNTY Gaston	
d. CITY OR TOWN Durham, N. C.		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Mount Holly		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 type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital				d. STREET ADDRESS OR R. F. D. NO. 201 Hicks Circle			
3. NAME OF DECEASED (Type or Print) First Middle Last William Austin OUTEN			4. DATE OF DEATH Month Day Year 9-11-61				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-17-05	9. AGE (In years last birthday) 56		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) Wool Dyer		10b. KIND OF BUSINESS OR INDUSTRY Textile		11. BIRTHPLACE (State or foreign country) Yadkin Co., N. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Franklin Outen			14. MOTHER'S MAIDEN NAME Farris F. Allen			NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 571-03-8020		17. INFORMANT'S NAME AND ADDRESS VA Hospital Records			
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) Hemorrhage							6 Mins.
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Erosion of Tumor Mass, Metastatic Squamous Cell Carcinoma Right Main Stem							Unknown
1621 DUE TO (c) Bronchus							Unknown
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
Pancreatic Pseudocyst with Malabsorption							
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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE	
21. Attended the deceased from 9-2 19 61 to 9-11 19 61							
Death occurred at 4:00 P m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE J. A. Fiscus			22b. ADDRESS M. D. VA Hospital, Durham, N. C.			22c. DATE SIGNED 9-11-61	
23a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		23b. DATE Sept. 13, 1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Holly Cemetery		23d. LOCATION (City, town, or county) (State) Mt. Holly, North Carolina		
24. DATE REC'D BY LOCAL REG SEP 14 1961		25. REGISTRAR'S SIGNATURE D. L. Carter, M.D.		26. FUNERAL DIRECTOR ADDRESS Carothers F. H., Mt. Holly, N. C.			

THIS COPY FOR STATE BOARD OF HEALTH