

Registration Dist. No. 15-A

CERTIFICATE OF DEATH

Registrar's No. _____

Vital Statistics—State Board of Health

64 013611

Birth No. _____ South Carolina State File No. _____

1. PLACE OF DEATH a. COUNTY Darlington		b. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE S. C. b. COUNTY Darlington	
b. CITY, TOWN, OR LOCATION Darlington		c. CITY, TOWN, OR LOCATION Darlington	
c. LENGTH OF STAY IN 1b 1 1/2 days		d. STREET ADDRESS 219 St. John St.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Coleman-Aimar Clinic		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) FREDRICK BOOTHE STEM, SR.	4. DATE OF DEATH Sept. 5, 1964
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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 9/22/1885	9. AGE (In years last birthday) 78	If Under 1 Yr. Mo. Days Hours Min.	If Under 24 Hrs. Mo. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) warehouseman	10b. KIND OF BUSINESS OR INDUSTRY Tobacco Industry	11. BIRTHPLACE (State or foreign country) Alabama	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME: William Jackson Stem	13b. MOTHER'S MAIDEN NAME: Mattie Duncan	14. HUSBAND OR WIFE'S NAME: Mary Timberlake Stem
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) -----	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 251-42-5810	17. INFORMANT Mary T. Stem, Darlington, S.C.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) AS HD	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Gen Arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4/20/64
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

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, TOWN, OR LOCATION County State
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21. I attended the deceased from 9-4-64 to 9-5-64 and last saw her alive on 9-5-64 Death occurred at 2:50 PM m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE William M. Coleman MD (Degree or title)	22b. ADDRESS Darlington, S.C.	22c. DATE SIGNED 9-9-64
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23a. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	23b. DATE 9/6/1964	23c. NAME OF CEMETERY OR CREMATORY Grove Hill	23d. LOCATION (City, town, or county) (State) Darlington, S. C.
24. FUNERAL DIRECTOR'S SIGNATURE Kistler Funeral Home, Darlington, S.C.	25. DATE RECD. BY LOCAL REG. 10 Sep 64	26. REGISTRAR'S SIGNATURE Clara M. West	