JAN 7 1964

NORTH CAROLINA STATE BOARD OF HEALTH
Office of Vital Statistics

CERTIFICATE OF DEATH

39399

REGISTRATION DISTRICT NO. 67-80 REGISTRAR'S CERTIFICATE NO. _____

1. PLACE OF DEATH
a. COUNTY: ONSLOW
b. TOWNSHIP: JACKSONVILLE
c. LENGTH OF STAY (in 1a): 5½ YEARS
CITY OR TOWN: JACKSONVILLE   Is Place of Death Within City Limits? YES ☒ NO ☐

FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: ONSLOW MEM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: N.C.
b. COUNTY: ONSLOW   Is Place of Residence
c. CITY OR TOWN: JACKSONVILLE   In City Limits? YES ☐ NO ☒   On a Farm? YES ☒ NO ☐
d. STREET ADDRESS or R.F.D. NO.: R#1, BOX 361

3. NAME OF DECEASED (Type or Print): First JUNIE Middle SHOAF Last BARNES
4. DATE OF DEATH: Month/Day/Year 12-31-1963

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12-1-1911
9. AGE (In years last birthday): 52   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): MINISTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J. PINK BARNES
14. MOTHER'S MAIDEN NAME: CARRIE SHOAF
NAME OF HUSBAND OR WIFE: MARY SIDES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S NAME AND ADDRESS: MARY BARNES R#1. BOX 361 JACKSONVILLE, N.C.

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): Metastatic Carcinoma of Liver

ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of Colon

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to terminal disease condition given in Part I (a): 153 ✓

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE: ☐ ☐ ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 13)
20c. TIME OF INJURY: MONTH, DAY, YEAR HOUR M.
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE 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. I attended the deceased from 12/23/63 to 12/31 19 63, and last saw him alive on 12/31/63 19
Death occurred at 4:05 m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE: [signature] M.D. (Degree or title)
22b. ADDRESS: Jacksonville
22c. DATE SIGNED: 12/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1-3-1963
23c. NAME OF CEMETERY OR CREMATORY: FAMILY CEMETERY
23d. LOCATION (City, town, or county): CHURCHLAND, N.C. (State)

24. DATE REC'D BY LOCAL REG.: 12-31-63
25. REGISTRAR'S SIGNATURE: Mrs. L. F. Dutton
26. FUNERAL DIRECTOR ADDRESS: JONES FUNERAL HOME - JACKSONVILLE, N.C.