

NC STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

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First Name Emmet		MIDDLE James		LAST McKeithan		DATE OF DEATH August 30, 1969		MONTH, CAL. YEAR	
1. SEX Male	2. COLOR OR RACE White	3. STATE OF BIRTH North Carolina	4. DATE OF BIRTH 11-6-1906	5. AGE 62	6. IF BIRTH YEAR MONTH	7. IF BIRTH MONTH DAYS	8. IF BIRTH YEAR HOURS	9. IF BIRTH YEAR MIN.	
10. CITY OR TOWN Rutherford		11. CITY OR TOWN Rutherfordton		12. STATE North Carolina		13. COUNTY Rutherford			
14. CITY OR TOWN Rutherford Hospital, Inc.		15. INSIDE CITY LIMITS Yes		16. CITY OR TOWN Forest City		17. STREET ADDRESS OR R.F.D. No. 300 Morgan Street		18. INSIDE CITY LIMITS Yes	
19. NEVER MARRIED, DIVORCED, (SPECIFY) Married		20. SURVIVING SPOUSE, IF WIDOW, GIVE MAIDEN NAME Iris Rollins		21. SOCIAL SECURITY NUMBER 238-14-9316		22. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Salesman		23. KIND OF BUSINESS OR INDUSTRY	
24. WHAT COUNTRY? U.S.A.		25. SOCIAL SECURITY NUMBER		26. USUAL OCCUPATION		27. KIND OF BUSINESS OR INDUSTRY			
28. DECEASED'S NAME Daniel Henry McKeithan				29. MOTHER'S MAIDEN NAME Georgia Martin					

30. DECEASED'S NAME AND ADDRESS
Mrs. Iris McKeithan, 300 Morgan Street, Forest City, N.C.

31. DEATH CAUSED BY:		32. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		33. APPOINTEE BELIEVES BETWEEN DISEASE AND DEATH	
(a) IMMEDIATE CAUSE Gunshot wounds of abd.		ABDOMEN			
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					

34. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		35. AUTOPSY? Yes		36. IF YES, WERE SPECIFICS CONSIDERED IN DETERMINING CAUSE OF DEATH?	
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37. MANNER OF DEATH: SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Homicide		38. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 10) Shot with .32 Cal. pistol by another party			
39. MONTH 8-30-69	40. DAY 30	41. YEAR 69	42. HOUR 5:15 P	43. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) Office Building	44. CITY OR R.F.D. Forest City, N.C.

45. PHYSICIAN: I ATTENDED THE DECEASED FROM August 30 69		46. MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: August 30 69	
47. AND LAST SAW HIM/HER ALIVE ON August 30 69		48. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED ABOVE. THE DECEASED WAS PRONOUNCED DEAD AT August 30 69	

49. SIGNATURE OF CERTIFIER Beatty R. Hassell		50. DEGREE OR TITLE MD		51. DATE SIGNED Aug. 30, 1969		52. ADDRESS Rutherfordton, North Carolina	
53. INFORMATION OTHER Burial		54. DATE 9-1-69		55. NAME OF CEMETERY OR CREMATORY Concord		56. LOCATION (CITY, TOWN, OR COUNTY) STATE Bostic, N.C., Rt. 1	
57. NAME Padgett-King, Forest City, N. C.		58. SIGNATURE OF FUNERAL DIRECTOR James I. Padgett		59. LICENSE NO. 1624			
60. FILED BY LOCAL REG. 9-10-69		61. SIGNATURE OF REGISTRAR T. F. Johnson, Jr. MD		62. SIGNATURE OF EMBALMER (IF EMBALMED) David G. Padgett		63. LICENSE NO. 613	