

CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO.

32-95

REGISTRAR'S
CERTIFICATE NO.

1522

1. PLACE OF DEATH a. COUNTY Durham		b. TOWNSHIP Durham		c. LENGTH OF STAY (in days) 87 days		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C.		b. COUNTY Craven	
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 New Bern		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"/>	
3. 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 2301 Center Avenue					
3. NAME OF DECEASED (Type or Print) First Middle Last Stuart McGuire FLYTHE		4. DATE OF DEATH Month Day Y 10-18-63		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 12-5-11		9. AGE (In years last month) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - Maola Milk & Ice Cream Co.		10b. KIND OF BUSINESS OR INDUSTRY Northampton Co., N.C.		11. BIRTHPLACE (State or foreign country) U. S. A.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. FATHER'S NAME Milton Flythe		14. MOTHER'S MAIDEN NAME Helen M. Futrell		NAME OF HUSBAND WIFE Celia C. Flythe			
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. 237-07-7644		17. INFORMANT'S NAME AND ADDRESS VA Hospital Records, Durham, 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								8 Hours	
IMMEDIATE CAUSE (a) Pulmonary Emboli									
ANTECEDENT CAUSES: (Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)									
DUE TO (b) Bilateral Bronchopneumonia with Focal Abscesses								1 Week	
DUE TO (c)									
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"/>	
Metastatic Adenocarcinoma									
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.		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 8-12 1963 to 10-18 1963		Death occurred at 10:55 A.M. on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE Daniel Williams Rose (Degree or title)				22b. ADDRESS M. D. VA Hospital, Durham, N. C.		22c. DATE SIGNED 10-18-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE October 20, 1963		23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery,		23d. LOCATION (City, town, or county) (State) New Bern, North Carolina			
24. DATE REC'D BY LOCAL OCT 30 1963		25. REGISTRAR'S SIGNATURE D.L. Cedar M.D.		26. FUNER. HOME WILLIAMS BALLARD F.H. Inc. 228 Broad St. P.O. Box 887		ADDRESS New Bern, N. C. 28561			

MEDICAL CERTIFICATION