

JAN 9 1978

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

43261

REGISTRATION DISTRICT NO. 023-80 LOCAL NO. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT BLACK INK

34-023-00

1. NAME OF DECEASED <b>Carl Alonzo Beam</b>			2. DATE OF DEATH (MONTH, DAY, YEAR) <b>December 24, 1977</b>			
3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>N.C.</b>	6. DATE OF BIRTH <b>Dec. 27, 1931</b>	7. AGE (IN YEARS LAST BIRTHDAY) <b>45</b>	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MIN.
8a. PLACE OF DEATH <b>Cleveland</b>			8b. CITY OR TOWN <b>Shelby</b>			
8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>DOA Cleveland Memorial Hosp</b>			8d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>			
9a. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) <b>Cleveland</b>			9b. STATE <b>N.C.</b>			
9c. CITY OR TOWN <b>Fallston</b>			9d. STREET ADDRESS OR R.F.D. No. <b>Beam's Ave.</b>			
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>			11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Ruth Lewis</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. SOCIAL SECURITY NUMBER [REDACTED]			
14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Knitter</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>Hosiery mill</b>			
15. FATHER'S NAME <b>Charlie Beam</b>			16. MOTHER'S MAIDEN NAME <b>June Hoyle</b>			
17. INFORMANT'S NAME AND ADDRESS <b>Mrs. Ruth Beam, Fallston, N. C.</b>						

DECEASED

PARENTS

VITAL RECORDS COPY

CAUSE

CERTIFIER

BURIAL

PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18a. IMMEDIATE CAUSE <b>Acute myocardial infarction</b>				<b>10 minutes</b>	
18b. DUE TO, OR AS A CONSEQUENCE OF <b>A.S.H.D.</b>				<b>4 yrs</b>	
18c. DUE TO, OR AS A CONSEQUENCE OF					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				19b. AUTOPSY? (YES OR NO)	
19c. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				19d. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. TIME OF INJURY (MONTH, DAY, YEAR, HOUR)		20b. INJURY AT WORK (SPECIFY YES OR NO)		20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. SPECIFY)	
20d. CITY OR R.F.D.		20e. COUNTY		20f. STATE	
21. CERTIFICATION: PHYSICIAN: I ATTENDED THE DECEASED FROM <u>73</u> AND LAST SAW HIM HER ALIVE ON <u>10/11</u> 19 <u>77</u> DEATH					
21. OCCURRED AT <u>738</u> M ON THE DATE STATED ABOVE AND IN MY OPINION, FROM THE CAUSES STATED					
22a. SIGNATURE OF CERTIFIER <i>[Signature]</i>		22b. DEGREE OR TITLE <b>MD</b>		22c. DATE SIGNED <b>12/28/77</b>	
22d. ADDRESS <b>Shelby, N.C.</b>		State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.			
23a. BURIAL, CREMATION, OTHER (SPECIFY) <b>Burial</b>		23b. DATE <b>12-27-77</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill M. Park</b>	
23d. FUNERAL HOME <b>Stamey's, Fallston, N.C.</b>		23e. LOCATION (CITY, TOWN, OR COUNTY) <b>Fallston, N. C.</b>		23f. STATE	
24. DATE REC'D BY LOCAL REG <b>12-30-77</b>		25. SIGNATURE OF REGISTRAR <i>[Signature]</i>		26. SIGNATURE OF FUNERAL DIRECTOR <b>Douglas D. Tysinger</b>	
27. SIGNATURE OF EMBALMER <i>[Signature]</i>		28. SIGNATURE OF EMBALMER (IF EMBALMED) <b>Douglas D. Tysinger</b>		29. LICENSE NO. <b>650</b>	