

Dr. John C. Young
JAN 7 1958

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

32203

REGISTRATION DISTRICT NO. 11-00

REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

240
Type or write legibly. Use black ink.

2

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if in-quest was held).

FORM 8
Rev. 1-56

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Buncombe - Haw Creek</u>		b. TOWNSHIP <u>Small Ym.</u>		c. LENGTH OF STAY (in la)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u> b. COUNTY <u>Buncombe</u>					
d. CITY OR TOWN <u>Asheville</u>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN <u>Asheville</u>		Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Haw Creek</u>				d. STREET ADDRESS or R. F. D. NO. <u>Mane Drive</u>							
3. NAME OF DECEASED (Type or Print) <u>Thomas Elish Begley</u>			First Middle Last			4. DATE OF DEATH <u>Dec 21 1958</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 18 1903</u>		9. AGE (In years last birthday) <u>55</u>		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) <u>N.C. District Forest Ranger</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Thomas Begley</u>				14. MOTHER'S MAIDEN NAME <u>Not Known</u>				NAME OF HUSBAND OR WIFE <u>Robbie Johnson Begley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO.			17. INFORMANT'S NAME AND ADDRESS <u>Mrs. T. E. Begley - 1 Mane Drive - Asheville N.C.</u>					
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:										Sudden	
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>											
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) Coronary Occlusion											
DUE TO (c) <u>Benign hypertension</u>											
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)								
21a. TIME MONTH, DAY, YEAR HOUR OF INJURY		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21d. CITY OR TOWNSHIP			COUNTY STATE	
21. I attended the deceased from <u>Never</u> 19 <u> </u> to <u> </u> 19 <u> </u> and last saw <u>her</u> alive on <u> </u> 19 <u> </u> Death occurred at <u>1:15 P</u> m on the date stated above; and to the best of my knowledge from the causes stated.											
22. SIGNATURE <u>John C. Young, M.D. Coroner</u>				22b. ADDRESS <u>Asheville, N.C.</u>				22c. DATE SIGNED <u>12/23/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 23, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>West Memorial Park</u>			23d. LOCATION (City, town, or county) <u>Westerville, N.C.</u>			(State)	
24. DATE REC'D BY LOCAL REG. <u>12-23-58</u>			25. REGISTRAR'S SIGNATURE <u>H. W. Stern</u>				26. FUNERAL DIRECTOR <u>West Funeral Home - Westerville N.C.</u>				