

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

41723

DEC 6 1973
REGISTRATION DISTRICT NO. 54-00 LOCAL NO.TYPE, OR PRINT IN
PERMANENT
BLACK INK

514

DECEASED

PARENTS

STATE BOARD OF HEALTH
COPY

CAUSE

CERTIFIER

Permit issued

Date

BURIAL

FORM 8
REV. 1-68
1-48-150M

1. NAME OF DECEASED FIRST MIDDLE LAST Halbert Eugene Campbell					DATE OF DEATH (MONTH, DAY, YEAR) 2 November 17, 1973			
2. SEX Male	3. COLOR OR RACE White	4. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) North Carolina	5. DATE OF BIRTH Feb. 9, 1929	6. AGE (IN YEARS LAST BIRTHDAY) 44	7. IF UNDER 1 YEAR MONTHS 44	8. IF UNDER 24 HOURS DAYS 44	9. IF UNDER 24 HOURS HOURS 44	10. IF UNDER 24 HOURS MIN. 44
11. PLACE OF DEATH COUNTY Lenior		12. CITY OR TOWN Kinston		13. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE North Carolina COUNTY Lenior				
14. NAME OF HOSPITAL OR INSTITUTION (DOA) Lenoir Memorial Hospital		15. INSIDE CITY LIMITS (SPECIFY YES OR NO) No		16. CITY OR TOWN Kinston				
17. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		18. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Donnie Crumpler		19. STREET ADDRESS OR R.F.D. No. R # 2 Box 300				
20. CITIZEN OF WHAT COUNTRY? U. S. A.		21. SOCIAL SECURITY NUMBER 007-24-3408		22. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Pilot		23. KIND OF BUSINESS OR INDUSTRY N. C. Forest Ser.		24. INSIDE CITY LIMITS (SPECIFY YES OR NO) no
25. FATHER'S NAME Eugene B. Campbell				26. MOTHER'S MAIDEN NAME Alice Peavey				
27. INFORMANT'S NAME AND ADDRESS Mrs. Donnie C. Campbell, Rt. 2, Box 300, Kinston, N. C.								
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)								
28. (a) IMMEDIATE CAUSE Acute myocardial Infarction		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH immediate						
29. (b) DUE TO, OR AS A CONSEQUENCE OF AS AD		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH unknown						
30. (c) DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)								
31. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		32. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1B)						
33. TIME OF INJURY MONTH DAY YEAR HOUR NOV 17 1973		34. INJURY AT WORK (SPECIFY YES OR NO)		35. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		36. CITY OR R.F.D. COUNTY STATE		
37. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 10-22-73 TO 10-22-73 AND LAST SAW HIM/HER ALIVE ON 10-22-73 DEATH OCCURRED AT 4:04P M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		38. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: 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 DECEDENT WAS PRONOUNCED DEAD AT _____ M. ON _____ 19____.						
39. SIGNATURE OF CERTIFIER Hubert Pierce M.D.		40. DEGREE OR TITLE		41. DATE SIGNED 11/26/73		42. ADDRESS Kinston, N.C.		
43. BURIAL, CREMATION, OTHER (SPECIFY) Burial		44. DATE 11/17/73		45. NAME OF CEMETERY OR CREMATORY Clinton Cemetery		46. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Clinton, N. C.		
47. FUNERAL HOME Crumpler-Honeycutt, Clinton, C.				48. SIGNATURE OF FUNERAL DIRECTOR Arley J. Robinson		49. LICENSE NO. 397		
50. DATE REC'D BY LOCAL REG. 11-27-73		51. SIGNATURE REGISTER John H. ...		52. SIGNATURE OF EMBALMER (IF EMBALMED) Eugene Bonfret		53. LICENSE NO. 1082		