

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

NOV 6 1958

28856

REGISTRATION DISTRICT NO. 97-60 REGISTRAR'S CERTIFICATE NO. 125

1. PLACE OF DEATH COUNTY <b>Wilkes</b>		b. TOWNSHIP <b>N. Wilkesboro</b>		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
d. CITY OR TOWN <b>North Wilkesboro</b>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				a. STATE <b>N.C.</b>		b. COUNTY <b>Wilkes</b>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Wilkes General Hospital</b>						c. CITY OR TOWN <b>N. Wilkesboro</b>					
						Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) First <b>ROY</b> Middle Last <b>CASHION</b>						4. DATE OF DEATH Month <b>10</b> Day <b>21</b> Year <b>58</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>7.17.1921</b>		9. AGE (In years last birthday) <b>37</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner-Manager--</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Super Serv. Sta.</b>		11. BIRTHPLACE (State or foreign country) <b>Wilkes County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>A.A. Cashion</b>				14. MOTHER'S MAIDEN NAME <b>Clara Grist</b>				NAME OF HUSBAND OR WIFE <b>Ardena Vannoy</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.II</b>				16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <b>Ardena Cashion; Hinshaw St. North Wilkesboro</b>					
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:										<b>1 hr. 15.</b>	
IMMEDIATE CAUSE (a) <b>severe Brain Damage.</b>											
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) <b>compounded depressed fracture of skull</b>											
DUE TO (c) <b>2 hrs.</b>											
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 type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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) <b>Man fell on head fighting fire</b>	
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR <b>10-21-58 6 AM</b>			20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>North Wilkesboro, N.C.</b>		20f. CITY OR TOWNSHIP <b>North Wilkesboro, N.C.</b>		STATE <b>N.C.</b>	
21. I attended the deceased from <b>10-21-1958</b> to <b>10-21-1958</b> , and last saw <b>her</b> alive on <b>10-21-1958</b> . Death occurred at <b>7:15 AM</b> on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE <b>P. C. Lewis M.D.</b>						22b. ADDRESS <b>North Wilkesboro</b>			22c. DATE SIGNED <b>10-23-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>10.22.58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>			23d. LOCATION (City, town or county) (State) <b>Wilkes County N.C.</b>			
24. DATE REC'D BY LOCAL REG. <b>10-27-58</b>			25. REGISTRAR'S SIGNATURE <b>Virginia Johnson</b>			26. FUNERAL DIRECTOR ADDRESS <b>Warren-Miller; N. Wilkesboro, N.C.</b>					

This is a legal record and will be permanently filed.

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Type or write legibly. Use black ink.

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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.

MEDICAL CERTIFICATION

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