

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

14276

MAY 7 1968

REGISTRATION DISTRICT NO. 71-00 LOCAL NO.

TYPE OR PRINT IN PERMANENT BLACK INK

NAME OF DECEASED: James Ulrich Gasteen  
 DATE OF BIRTH: April 20, 1968  
 SEX: Male COLOR OF HAIR: White N. C. DATE OF BIRTH: Sept 29, 1918 AGE AT DEATH: 49  
 PLACE OF DEATH: Pender COUNTY N. C. Pender  
 PLACE OF BIRTH: Bursaw N. C. Pender  
 MARITAL STATUS: Married  
 SOCIAL SECURITY NUMBER: [REDACTED]  
 OCCUPATION: Equipment Operator  
 FATHER'S NAME: J. W. Gasteen MOTHER'S MARRIAGE NAME: Eva Linchworth

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STATE BOARD OF HEALTH COPY

4299

16. INFORMANT'S NAME AND ADDRESS: Mrs. Ada W. Gasteen R. E. D. 2 Bursaw, N. C.

PART I. DEATH CAUSED BY: Natural Causes immediate unknown  
 POSSIBLY OF A HEART ATTACK WHILE OPERATING FIRE EQUIPMENT IN THE WOODS.

PART II. OTHER SIGNIFICANT CONDITIONS: [REDACTED]  
 19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDESIGNED SUFFOCATION: [REDACTED]  
 19b. TIME OF DEATH: Yes

CERTIFICATION - PHYSICIAN: I ATTESTED THE FOREGOING FROM MY OWN EXAMINATION AND FROM THE REPORTS OF OTHER PHYSICIANS.  
 CERTIFICATION - MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE STATED ABOVE.

21. APPROXIMATE TIME OF DEATH: 5:00 PM  
 22. CHIEF OF POLICE OR OTHER OFFICIAL: [REDACTED]  
 23. SIGNATURE OF PHYSICIAN: [REDACTED]  
 24. SIGNATURE OF MEDICAL EXAMINER: W. E. Hoyle, III  
 25. DATE BY LOCAL OFFICE: 4/30/68  
 26. SIGNATURE OF REGISTRAR: [REDACTED]  
 27. SIGNATURE OF REGISTRAR: W. E. Hoyle, III

FORM 8 REV. 1-68