

MAR 7 1957

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

## CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 32-96

REGISTRAR'S CERTIFICATE NO. 151

3462

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

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 inquest was held.

1. PLACE OF DEATH a. COUNTY Durham		b. TOWNSHIP Durham		c. LENGTH OF STAY (in la) Life		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE N. C.		b. COUNTY Durham	
4. CITY OR TOWN Durham		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN Durham		Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		On a farm? YES <input type="checkbox"/> NO <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Durham Fire Station No. 4									
3. NAME OF DECEASED (Type or Print) Joseph Alexandria Chandler			First Middle Last			f. DATE OF DEATH Feb. 13, 1957		Month Day Year	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH March 3, 1901		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY Durham Fire Dept.		11. BIRTHPLACE (State or foreign country) Durham County, N.C.		12. CIT. EN OF WHAT COUNTRY? U. S.			
13. FATHER'S NAME C. C. Chandler			14. MOTHER'S MAIDEN NAME Amarida Metts			NAME OF SPOUSE OR WIFE Helen Gattis Chandler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No			17. INFORMANT'S NAME AND ADDRESS Mrs. Helen Gattis Chandler, Durham, N.C.			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE a. <u>Cornary Occlusion</u> ANTECEDENT CAUSES (Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) <u>Atherosclerosis</u> DUE TO (c) <u>stroke</u>								INTERVAL BETWEEN ONSET AND DEATH <u>stroke</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE (CONDITION GIVEN IN PART I (a)) <input checked="" type="checkbox"/>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)							
20c. TIME MONTH, DAY, YEAR HOUR (H) INJURY M		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE Durham N. C.			
21. I attended the deceased from <u>on 2/13/1957</u> to <u>19</u> and last saw <u>him dead</u> <u>2/13</u> 19 <u>57</u>		Death occurred at <u>12</u> on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>R. J. Harton</u>		(Degree or title) <u>m. d.</u>		22b. ADDRESS <u>Durham N.C.</u>		22c. DATE SIGNED <u>2/14/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 15, 1957		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Memorial Park		23d. LOCATION (City, town, or county) (State) Durham, N. C.			
24. DATE RECD BY LOCAL HEALTH OFFICER FEB 14 1957		25. REGISTRAR'S SIGNATURE <u>J. T. Egan</u>		26. FUNERAL DIRECTOR <u>H. W. Hall-Wynne &amp; Co., Inc.</u>		ADDRESS Durham, N. C.			

FORM B  
Rev. 1-56

THIS COPY FOR STATE BOARD OF HEALTH