

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

AUG 1 3 1964

CERTIFICATE OF DEATH

21877

REGISTRATION DISTRICT NO. 54-80

REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Funeral Director, or person acting in such a capacity, for this certificate must be in contact with the registrar of the district where death occurred.

The physician (not an allopath) is required to state the cause of death and sign the medical certification.

1. PLACE OF DEATH a. COUNTY Lenoir		b. TOWNSHIP Kinston		c. LENGTH OF RESIDENCE (In yrs.) 20 yrs.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE N. C.		b. COUNTY Lenoir	
d. CITY OR TOWN Kinston		In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Kinston		In 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"/>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) Lenoir Memorial Hospital						d. STREET ADDRESS OR R. F. D. NO. 200 Greenville Ave			
3. NAME OF DECEASED (Type or Print) Charles Lane			First Middle Last			4. DATE OF DEATH		7 11 1964	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-15-1934		9. AGE (In years last birthday) 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forestry Service				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Richmond Virginia		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13. FATHER'S NAME Homer L. Cline			14. MOTHER'S MAIDEN NAME Mattie L. Land			NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS H. L. Cline Emporia Virginia			

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:									
IMMEDIATE CAUSE (a) Senescence Shock + Multiple Fractures								18 hrs	
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) Fracture both legs Rt arm both clavicle 2 ribs Pancreas spine +								18 hrs	
DUE TO (c) Embolism									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (If any)								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) Circumlocution					
20c. TIME OF INJURY 7/10/64		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> ON WHEEL <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Walmart		20f. CITY OR TOWNSHIP Lenoir		STATE N. C.	
21. I attended the deceased from 7/10/64 to 7/10/64 and last saw him alive on 7/10/64									
22a. SIGNATURE Dr. John A. Barrett, M.D. Kinston, N. C.								22b. ADDRESS Kinston, N. C.	
22c. DATE SIGNED 7/14/64									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-13-64		23c. NAME OF CEMETERY OR CREMATORY Emporia		23d. LOCATION (City, town, or county) Emporia Virginia		STATE (State)	
24. DATE REC'D BY LOCAL RRO. 1 6 1964		25. REGISTRAR'S SIGNATURE S. M. P.		26. FUNERAL HOME Echols Funeral Home		ADDRESS Emporia, Va.			

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director: *James Echols*  
 Registrar: *John A. Barrett*  
 License No. *5729*  
 Registrar's Signature: *[Signature]*  
 License No. *308*

Form 9A issued  
 The Board of Health issued  
 Date Form #  
 Rev 1-62  
 1-62 1003