

AUG 7 1961

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO. 8-PREGISTRAR'S
CERTIFICATE NO. 208

20921

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 responsi-
ble for filing the
completed certifi-
cate with registrar
of the district
where death
occurred.The physician last
in attendance is
required to state
the cause of death
and sign the medi-
cal certification.If there was no
doctor in attend-
ance, medical cer-
tification to be
completed by local
Health Officer, (or
Coroner, if in-
quest was held).FORM 8
Rev. 1-56

1. PLACE OF DEATH a. COUNTY Rowan		b. TOWNSHIP Salisbury		c. LENGTH OF STAY (in 1a) Trans.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C.		b. COUNTY Rowan					
d. CITY OR TOWN Salisbury, N. C.		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Salisbury		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"/>					
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOA Rowan Mem. Hospital				d. STREET ADDRESS or R. F. D. NO. 1022 N. Jackson St.									
3. NAME OF DECEASED (Type or Print) First JOHN Middle HERBERT Last CROSS			4. DATE OF DEATH 7-24-61			Month Day Year							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 6, 1909		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Capt. Salisbury				10b. KIND OF BUSINESS OR INDUSTRY Fire Dept.		11. BIRTHPLACE (State or foreign country) N. C.		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Eli Cross				14. MOTHER'S MAIDEN NAME Daisy Hargrave		NAME OF HUSBAND OR WIFE Ruth K. Cross							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S NAME AND ADDRESS Salisbury, NC Wife, 1022 N. Jackson St.							
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural causes - Causes undetermined ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH sudden			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7954										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input 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)									
20c. TIME OF INJURY		MONTH, DAY, YEAR HOUR		20d. INJURY OCCURRED		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP		COUNTY		STATE	
M.				WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
21. I attended the deceased from _____, 19____, to _____, 19____, and last saw her/him alive on _____, 19____. Death occurred at 10:05 P. on the date stated above; and to the best of my knowledge from the causes stated.													
22a. SIGNATURE Richard B. Wright (Degree or title)						22b. ADDRESS RICHARD B. WRIGHT, JR. CORONER—ROWAN COUNTY			22c. DATE SIGNED 7-27-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 7-27-61		23c. NAME OF CEMETERY OR CREMATORY Chestnut Hill		23d. LOCATION (City, town, or county) (State) Salisbury, N. C.						
24. DATE REC'D BY LOCAL REG. JUL 28 1961				25. REGISTRAR'S SIGNATURE _____				FUNERAL DIRECTOR ADDRESS Lyerly - Salisbury, N. C.					

THIS COPY FOR STATE BOARD OF HEALTH