

AUG 6 1965

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

22702

REGISTRATION DISTRICT NO. 49-70 REGISTRAR'S CERTIFICATE NO.

18
This is a legal record and will be permanently filed.1-P
Type or write legibly. Use black ink.

650

All items must be complete and accurate.

2

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).

FORM 8

Rev. 1-68

1-61-150M

1. PLACE OF DEATH a. COUNTY Iredell		b. TOWNSHIP		c. LENGTH OF STAY (in la)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C.		b. COUNTY Catawba	
d. CITY OR TOWN Mooresville		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN Newton		Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lowrance Hospital					d. STREET ADDRESS OR R. F. D. NO. Rt. 2				
3. NAME OF DECEASED (Type or Print) First Middle Last Wilson Craig Drum			4. DATE OF DEATH Month Day Year JULY 20 1965			5. SEX M		6. COLOR OR RACE W	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 29 1918		9. AGE (In years last birthday) 47 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator - Duke Power Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Roy E. Drum			14. MOTHER'S MAIDEN NAME Daisy Drum			NAME OF HUSBAND OR WIFE Elizabeth Little			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS North Carolina Mrs. Elizabeth L. Drum, Rt. 2, Newton					
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ARTERY DISEASE DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201								INTERVAL BETWEEN ONSET AND DEATH 10 HOURS 2 YEARS	
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 MONTH, DAY, YEAR HOUR OF INJURY		20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY OR TOWNSHIP COUNTY STATE			
21. I attended the deceased from DECEMBER 19 1962 to JULY 19 1965, and last saw her alive on JULY 19 1965. Death occurred at 12:15 A.M. on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE William W. Sheen (Degree or title) MD				22b. ADDRESS Box 97, Lenoir, N.C.			22c. DATE SIGNED 7-19-65		
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial		23b. DATE 7-22-65		23c. NAME OF CEMETERY OR CREMATORY Pisgah Cemetery		23d. LOCATION (City, town, or county) Catawba County, N.C.		23e. STATE N.C.	
24. DATE REC'D BY LOCAL REG. 7-20-65		25. REGISTRAR'S SIGNATURE [Signature]			26. FUNERAL DIRECTOR ADDRESS Drum Funeral Home, Conover, N.C.				

THIS COPY FOR STATE BOARD OF HEALTH