

MAY 5 1961

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

## CERTIFICATE OF DEATH

162

28

REGISTRATION  
DISTRICT NO. 5-0REGISTRAR'S  
CERTIFICATE NO.This is a legal  
record and will be  
permanently filed.

1. PLACE OF DEATH a. COUNTY TYARELL		b. TOWNSHIP GUM NECK		c. LENGTH OF STAY (in la) 1 DAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
d. CITY OR TOWN COLUMBIA		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		a. STATE N. C.		b. COUNTY DARE	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ROUTE 3				c. CITY OR TOWN MANTEO		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 checked="" type="checkbox"/>	
				d. STREET ADDRESS or R. F. D. No.			

Type or  
write legibly.  
Use black ink.640  
2All items must be  
complete and  
accurate.

3. NAME OF DECEASED (Type or Print) John DORSET EARLE SR		First Middle Last		4. DATE OF DEATH 4 - 26 - 61		Month Day Year			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-2-14			
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORNEYER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) W. VA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORNEYER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) W. VA		12. CITIZEN OF WHAT COUNTRY USA			
13. FATHER'S NAME J. H. EARLE				14. MOTHER'S MAIDEN NAME ROSALIE HEISEY				NAME OF HUSBAND OR WIFE ELIZABETH STELE EARLE	
15. WAS DEFEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W W II				16. SOCIAL SECURITY NO. 234-10-3822		17. INFORMANT'S NAME AND ADDRESS ELIZABETH EARLE, MANTEO, N.C.			

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 an  
doctor in attend-  
ance, medical cer-  
tification to be  
completed by local  
Health Officer, (or  
Coroner, if in-  
quest was held).

FORM B

Rev. 1-56

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) Unknown			
ANTECEDENT CAUSES (condition, if any, which gave rise to above cause (a), stating the underlying cause last)			
DUE TO (b) Airplane Crash			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS (contributing to death but not related to terminal disease condition given in Part I)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SURTIDE HOMICIDE <input checked="" 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) Occupant in crashed Airplane	
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY 4:26:16 M.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Gum Neck, Tyarell		20f. CITY OR TOWNSHIP COUNTY STATE MANTEO DARE N.C.	
21. I attended the deceased from 19 to 19 and last saw her alive on 19			
Death occurred at 6 P.M. on the date stated above and to the best of my knowledge from the causes stated.			
SIGNATURE R. Houshater		22b. ADDRESS Columbia U.S. 4961	
23a. BURIAL CREMA- REMOVAL (Specify) MEMORIAL		23b. DATE 4-26-61	
23c. NAME OF CEMETERY OR CREMATORY MANTEO		23d. LOCATION (If city, town, or county) MANTEO N.C.	
24. DATE REC'D BY LOCAL REG. 4-27-61		25. REGISTRAR'S SIGNATURE Clayton G. ...	
26. FUNERAL DIRECTOR TWINFORD FUNERAL HOME		ADDRESS MANTEO, N.C.	

THIS COPY FOR STATE BOARD OF HEALTH