

JUN 6 1975  
 REGISTRATION DISTRICT NO. 074-90 LOCAL NO. \_\_\_\_\_

NORTH CAROLINA STATE BOARD OF HEALTH  
 OFFICE OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

18754

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED: **LEVI HENRY FAULKNER** (FIRST, MIDDLE, LAST)  
 2. DATE OF DEATH: **MAY 29, 1975** (MONTH, DAY, YEAR)

3. SEX: **MALE** 4. COLOR OR RACE: **WHITE** 5. STATE OF BIRTH: **NORTH CAROLINA** (IF NOT IN U.S.A., NAME COUNTRY)  
 6. DATE OF BIRTH: **JANUARY 4, 1937** 7. AGE (IN YEARS LAST BIRTHDAY): **38** 8. IF UNDER 1 YEAR: MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ 9. IF UNDER 24 HOURS: HOURS \_\_\_\_\_ MINS \_\_\_\_\_

10. PLACE OF DEATH: COUNTY **PITT** CITY OR TOWN **GREENVILLE** STATE **NORTH CAROLINA** COUNTY **PITT**  
 11. NAME OF HOSPITAL OR INSTITUTION: **PITT MEMORIAL HOSPITAL** INSIDE CITY LIMITS (SPECIFY YES OR NO): **YES** CITY OR TOWN **FARMVILLE**  
 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED** 13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): **MAXINE HORTON** STREET ADDRESS OR R.F.D. No. **111 WEST HORNE AVENUE** INSIDE CITY LIMITS (SPECIFY YES OR NO): **YES**

14. CITIZEN OF WHAT COUNTRY?: **USA** 15. SOCIAL SECURITY NUMBER: [REDACTED] 16. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **GAS COMPANY EMPLOYEE** 17. KIND OF BUSINESS OR INDUSTRY: **GAS COMPANY**

18. FATHER'S NAME: **ALTON FAULKNER** 19. MOTHER'S MAIDEN NAME: **MILDRED GRIMSLEY**

20. INFORMANT'S NAME AND ADDRESS: **MRS. MAXINE FAULKNER, 111 WEST HORNE AVENUE, FARMVILLE, NORTH CAROLINA**

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: <b>Cardiac Arrest</b>	<b>5-10 min.</b>
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Myocardial Infarction, 1968, 1971, &amp; 1973</b>	<b>8, 4, 2 hrs</b>
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>ASMA - Asthmatic Crisis, Acute Disarr</b>	<b>10 hrs</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. **Hypertension, Chronic Diabetic Nephritis** 19b. AUTOPSY? (YES OR NO): **NO** 19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: \_\_\_\_\_

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): \_\_\_\_\_ 20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): \_\_\_\_\_

20c. TIME OF INJURY: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ HOUR \_\_\_\_\_ 20d. INJURY AT WORK (SPECIFY YES OR NO): \_\_\_\_\_ 20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)): \_\_\_\_\_ 20f. CITY OR R.F.D. \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM **4.13 1971** TO **4.18 1973** AND LAST SAW HIM/HER ALIVE ON **4.18 1973** DEATH

CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED

21. OCCURRED AT **8:10 P.M.** ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED: **Dead on Arrival to Hosp.**

22. ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT \_\_\_\_\_ A.M. ON \_\_\_\_\_ 19\_\_\_\_

23a. SIGNATURE OF CERTIFIER: **Carl Walter Paul Jr.** 23b. DEGREE OR TITLE: **MD.** 23c. DATE SIGNED: **6.2.75** 23d. ADDRESS: **1800 West Fifth St. Greenville, NC 27834**

24a. BURIAL, CREMATION, OTHER (SPECIFY): **BURIAL** 24b. DATE: **MAY 31, 1975** 24c. NAME OF CEMETERY OR CREMATORY: **CRESTLAWN MEMORIAL GARDENS** 24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE): **FARMVILLE, NORTH CAROLINA**

25. FUNERAL HOME: **FARMVILLE FUNERAL HOME, FARMVILLE, N.C.** 26. SIGNATURE OF FUNERAL DIRECTOR: **[Signature]** 27. LICENSE NO.: **147**

28. DATE REC'D BY LOCAL REG.: **JUN 2 1975** 29. SIGNATURE OF REGISTRAR: **[Signature]** 30. SIGNATURE OF EMBALMER (IF EMBALMED): **[Signature]** 31. LICENSE NO.: **1524**

4-074-00

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STATE BOARD OF HEALTH COPY

CAUSE

CERTIFIER

BURIAL

FORM 8 REV. 1-68 1-68-120M

5-30-75