

Carr MAR 8 1976

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

6983

REGISTRATION DISTRICT NO. 08270 LOCAL NO.

## CERTIFICATE OF DEATH

TYPE, OR PRINT IN  
PERMANENT  
BLACK INK

1. NAME OF DECEASED FIRST MIDDLE LAST William Harold Fryar						2. DATE OF DEATH (MONTH, DAY, YEAR) February 13, 1976			
3. SEX Male	4. COLOR OR RACE White	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) North Carolina	6. DATE OF BIRTH 4-10-1933	7. AGE (IN YEARS LAST BIRTHDAY) 42	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	HOURS	MIN.	
8a. PLACE OF DEATH COUNTY Sampson			8b. CITY OR TOWN Clinton	9a. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE North Carolina COUNTY Sampson					
8c. NAME OF HOSPITAL OR INSTITUTION Sampson Co. Memorial Hosp.			8d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	9c. CITY OR TOWN Clinton		9b. STREET ADDRESS OR R.F.D. No. 206 Bradshaw St.			
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Edna Robinson		9e. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes					
12. CITIZEN OF WHAT COUNTRY? U S A		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Dispatcher Clinton Fire Dept.		14b. KIND OF BUSINESS OR INDUSTRY			
15. FATHER'S NAME Georgr Willie Fryar				16. MOTHER'S MAIDEN NAME Elma Register					
17. INFORMANT'S NAME AND ADDRESS Edna R. Fryar 206 Bradshaw St, Clinton, N.C. 28328									
18. PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE Acute Myocardial infarction								minutes	
(b) DUE TO, OR AS A CONSEQUENCE OF ASHD.								years	
19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) None								19b. AUTOPSY? (YES OR NO)	
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) None								19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20b. TIME OF INJURY		20c. INJURY AT WORK (SPECIFY YES OR NO)		20d. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20e. CITY OR R.F.D.		20f. COUNTY	
20g. MONTH		20h. DAY		20i. YEAR		20j. HOUR		20k. STATE	
21. CERTIFICATION—PHYSICIAN ATTENDED THE DECEASED FROM 2/13/76 AND LAST SAW HIM HER ALIVE ON 2/10/75 DEATH				22. State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.					
21 OCCURRED AT 2:30 P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED				22a. SIGNATURE OF CERTIFIER [Signature]					
22b. DEGREE OR TITLE M.D.				22c. DATE SIGNED 2/16/76		22d. ADDRESS Clinton, N.C.			
23a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		23b. DATE 2-15-76		23c. NAME OF CEMETERY OR CREMATORY Epworth Church Cemetery		23d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) R # 4 Clinton, N.C.			
24. FUNERAL HOME Crumpler-Honeycutt Co.				25. SIGNATURE OF FUNERAL DIRECTOR [Signature]		25. LICENSE NO. 551			
26. DATE REC'D BY LOCAL REG. 2-16-76		27. SIGNATURE OF REGISTRAR [Signature]		28. SIGNATURE OF EMBALMER [Signature]		28. LICENSE NO. 163			

DECEASED

PARENTS

VITAL RECORDS COPY

CAUSE

CERTIFIER

Date

BURIAL

DHS 1872  
FORM B  
REV. 1-68  
1-68-150M