

DEC 6 1973

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

## CERTIFICATE OF DEATH

41605

REGISTRATION DISTRICT NO. 49-70 LOCAL NO. 137TYPE, OR PRINT IN  
PERMANENT  
BLACK INK

1. NAME OF DECEASED <b>Herbert Durant Garmon</b>		2. DATE OF DEATH <b>11-30-73</b>	
3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. STATE OF BIRTH <b>N. C.</b>	6. DATE OF BIRTH <b>6-10-16-1913</b>
7. PLACE OF DEATH COUNTY <b>Iredell</b>		CITY OR TOWN <b>Mooresville</b>	8. STATE <b>N. C.</b>
9. COUNTY <b>Iredell Co.</b>		10. USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION <b>Mooresville</b>	
11. HOSPITAL OR INSTITUTION <b>Lowrance Hospital</b>		12. INSIDE CITY LIMITS <b>yes</b>	13. CITY OR TOWN <b>Mooresville</b>
14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		15. SURVIVING SPOUSE <b>Lucille Torrans</b>	
16. MARRIED		17. STREET ADDRESS OR R.F.D. NO. <b>218 N. Academy Ave.</b>	
18. CITIZEN OF WHAT COUNTRY?		19. SOCIAL SECURITY NUMBER	
20. USUAL OCCUPATION <b>Minister</b>		21. KIND OF BUSINESS OR INDUSTRY	

DECEASED

PARENTS

22. FATHER'S NAME <b>Clarence D. Garmon</b>		23. MOTHER'S MAIDEN NAME <b>Murtle Martin</b>	
24. INFORMANT'S NAME AND ADDRESS <b>Mrs. Lucille T. Garmon 218 North Academy Mooresville, N.C. 28115</b>			

STATE BOARD OF HEALTH  
COPY

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

25. IMMEDIATE CAUSE <b>Respiratory Failure</b>	26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
27. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSAL, STATING THE UNDERLYING CAUSE LAST	28. DUE TO, OR AS A CONSEQUENCE OF <b>Central Anoxia</b>
29. DUE TO, OR AS A CONSEQUENCE OF <b>Cardiac Arrest</b>	30. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>

CAUSE

31. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. <b>Hypertensive Heart Disease</b>		32. AUTOPSY? <b>NO</b>	33. IF YES, STATE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
34. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			
35. DESCRIBE HOW INJURY OCCURRED ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.			
36. TIME OF INJURY	37. MONTH	38. DAY	39. YEAR
40. HOUR	41. INJURY AT WORK (SPECIFY YES OR NO)	42. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (SPECIFY)	43. CITY OR R.F.D.
44. COUNTY	45. STATE	46. 20c.	

CERTIFIER

47. CERTIFICATION - PHYSICIAN: I ATTENDED THE DECEASED FROM <b>Feb. 71</b> TO <b>11/30/73</b> AND LAST SAW HIM HER ALIVE ON <b>11/30/73</b> DEATH OCCURRED AT <b>11:41</b> ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED		48. 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	
49. SIGNATURE OF CERTIFIER <b>Doc R. M. Ham MD</b>		50. ADDRESS <b>Mooresville, N. C.</b>	
51. DEGREE OR TITLE <b>MD</b>		52. ABOVE THE DECEASED WAS PRONOUNCED DEAD AT <b>M. CO.</b>	

BURIAL

53. BURIAL, CREMATION, OTHER (SPECIFY) <b>Burial</b>	54. DATE <b>12-3-73</b>	55. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>	56. LOCATION (CITY, TOWN, OR COUNTY) <b>Charlotte, N. C.</b>
57. DATE RECD BY LOCAL REG. <b>12/13/73</b>		58. SIGNATURE OF REGISTRAR <b>A. H. Johnson, DDS</b>	59. SIGNATURE OF EMBALMER (IF EMBALMED) <b>Wilton D. Howard</b>
60. SIGNATURE OF FUNERAL DIRECTOR <b>E. C. Coe</b>		61. LICENSE NO. <b>692</b>	
62. SIGNATURE OF EMBALMER (IF EMBALMED) <b>Wilton D. Howard</b>		63. LICENSE NO. <b>1272</b>	

FORM 8  
REV. 1-68  
1-68-1304