

JUL 6 1973

NORTH CAROLINA STATE BOARD OF HEALTH

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

20806

REGISTRATION DISTRICT NO. 16-70

LOCAL NO.

TYPE OR PRINT IN
PERMANENT
BLACK INK
113

1. NAME OF DECEASED FIRST MIDDLE LAST ANTHONY JOSEPH GAYLETS JR.		2. DATE OF DEATH MONTH DAY YEAR JUNE 14, 1973	
3. SEX MALE	4. COLOR OR RACE WHITE	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) PENNSYLVANIA	6. DATE OF BIRTH DEC. 15, 1915
7. AGE (IN YEARS LAST BIRTHDAY) 57		8. IF UNDER 1 YEAR: MONTHS DAYS HOURS MIN.	
9. PLACE OF DEATH CITY OR TOWN COUNTY STATE CARTERET MOREHEAD CITY NORTH CAROLINA		10. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) CITY OR TOWN COUNTY STATE MOREHEAD CITY NORTH CAROLINA	
11. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN OTHER, GIVE STREET AND NUMBER) D.O.A. CARTERET GEN. HOSP.		12. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES	
13. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (CHECK) MARRIED		14. STREET ADDRESS OR R.F.D. No. RT. 2 BOX 77	
15. CITIZEN OF WHAT COUNTRY U.S.A.		16. SOCIAL SECURITY NUMBER [REDACTED]	
17. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) ORDERLY		18. KIND OF BUSINESS OR INDUSTRY HOSP.	
19. FATHER'S NAME ANTHONY JOSEPH GAYLETS		20. MOTHER'S MAIDEN NAME ANNETTA GRAY	
21. INFORMANT'S NAME AND ADDRESS MRS. GRACE GAYLETS SAME AS # 9			
PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, 1c) 1a. IMMEDIATE CAUSE: <i>Acute Myocardial Infarction.</i> 1b. DUE TO, OR AS A CONSEQUENCE OF 1c. DUE TO, OR AS A CONSEQUENCE OF APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.			
22. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (CHECK) []		23. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) []	
24. TIME OF INJURY MONTH DAY YEAR HOUR []		25. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (CHECK)) []	
26. CITY OR R.F.D. []		27. COUNTY []	
28. STATE []		29. ZIP CODE []	
30. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM June 14 1973 TO June 14 1973 AND I SAW HIM/her ALIVE ON June 14 1973. SIGNATURE OF PHYSICIAN: [Signature]		31. 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 ABOVE AND IN MY OPINION, FROM THE CAUSE(S) STATED ABOVE THE DECEASED WAS UNPUNISHED DEAD AT [] ON [] IN []	
32. BURIAL, CREMATION, OTHER (CHECK) BURIAL		33. DATE 6-16-73	
34. NAME OF CEMETERY OR CREMATORY ATLANTIC COMM.		35. LOCATION (CITY, TOWN, OR COUNTRY) STATE ATLANTIC NC	
36. FUNERAL HOME (NAME) ADDRESS BELL-MUNDEN MOREHEAD CITY NC		37. SIGNATURE OF FUNERAL DIRECTOR Ron [Signature]	
38. DATE REC'D BY LOCAL REG. 19 June 1973		39. SIGNATURE OF EMBALMER (IF EMBALMED) Ron [Signature]	
40. SIGNATURE OF REGISTRAR Deatrice J. Lewis (S.H.)		41. LICENSE NO. 2612 1414	

STATE BOARD OF HEALTH
COPY

CAUSE

CERTIFIER

DATE

BURIAL

FORM #
REV. 1-68
1-68-135a