

FEB - 7 1967

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

3307

REGISTRATION DISTRICT NO. 90-80 REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Funeral Director, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's Signature: *Geo. W. Piper* License #: 282
Embalmer's Signature: *Don Williams* License #: 504

Form 9A Issued

Date Burial Permit Issued: 1-26-67

Date Form 8 Rev. 1-62 7-63 100M

1. PLACE OF DEATH a. COUNTY Union		b. TOWNSHIP Monroe		c. LENGTH OF STAY (in 1a) life		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Union															
d. CITY OR TOWN Monroe		In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOA Union Memorial Hospital		c. CITY OR TOWN Monroe															
3. NAME OF DECEASED (Type or Print) Tommy Parker Griffin		First Middle Last		4. DATE OF DEATH 1 26 67		5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 14, 1934		9. AGE (In years last birthday) 32		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman & Vol. Fireman Branson Company		11. BIRTHPLACE (State or foreign country) Union County, N.C.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Marshall Griffin				14. MOTHER'S MAIDEN NAME Mary Parker				15. NAME OF HUSBAND OR WIFE Betty Floyd				16. SOCIAL SECURITY NO. [REDACTED]				17. INFORMANT'S NAME AND ADDRESS Mrs. T.P. Griffin Rt. 4 Monroe, N.C.					
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>electrocuted accidentally</i> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>1140</i>																		INTERVAL BETWEEN ONSET AND DEATH <i>very sudden</i>			
20a. ACCIDENT SUICIDE 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) <i>was putting out fire around well boom that accidentally came in contact to a high voltage wire</i>			
20c. TIME OF INJURY 1-26-1967 P.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.) Private home on Hwy #207				20f. CITY OR TOWNSHIP COUNTY STATE Union Co., NC									
21. I attended the deceased from 1-26-1967 to 1-26-1967 and last saw him <i>DOA 1-26-67</i> Death occurred at <i>1 P</i> m on the date stated above; and to the best of my knowledge from the causes stated.																					
22a. SIGNATURE <i>W.D. Piper MD</i> (Degree or title)						22b. ADDRESS <i>Monroe N.C.</i>						22c. DATE SIGNED <i>1-27-67</i>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>				23b. DATE <i>1-28-67</i>				23c. NAME OF CEMETERY OR CREMATORY <i>Alton Cemetery</i>				23d. LOCATION (City, town, or county) (State) <i>Union County, N.C.</i>									
24. DATE REC'D BY LOCAL REG. <i>1-30-67</i>				25. REGISTRAR'S SIGNATURE <i>[Signature]</i>				26. FUNERAL HOME ADDRESS <i>McEwen Funeral Home Monroe, N.C.</i>													