

JUL 6 1973

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

20740

TYPE OR PRINT IN  
PERMANENT  
BLACK INK

REGISTRATION DISTRICT NO. <u>13-80</u>	LOCAL NO.	NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS CERTIFICATE OF DEATH			DATE OF DEATH <u>6/17/73</u>	DEATH DATE YEAR					
1. NAME OF DECEASED <u>RHETT STEVENSON GULLEDGE</u>	2. SEX <u>Male</u>	3. COLOR OR RACE <u>White</u>	4. STATE OF BIRTH <u>South Carolina</u>	5. DATE OF BIRTH <u>3-12-1931</u>	6. AGE IN YEARS LAST BIRTHDAY <u>42</u>	7. IF UNDER 1 YEAR MONTHS DAYS	8. IF UNDER 24 HOURS HOURS MIN.				
9. PLACE OF DEATH COUNTY <u>Cabarrus</u> CITY OR TOWN <u>Concord</u>	10. USUAL RESIDENCE (WHERE DECEASED LIVED) STATE <u>North Carolina</u> COUNTY <u>Cabarrus</u>	11. NAME OF HOSPITAL OR INSTITUTION <u>Cabarrus Memorial Hospital</u>	12. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>yes</u>	13. CITY OR TOWN <u>Harrisburg</u>	14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	15. SURVIVING SPOUSE (SPECIFY) <u>Betty Alexander</u>	16. STREET ADDRESS OR R.F.D. No. <u>Rt. 2 Box 113</u>	17. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>yes</u>			
18. CITIZEN OF WHAT COUNTRY <u>USA</u>	19. SOCIAL SECURITY NUMBER [REDACTED]	20. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Salesman</u>	21. END OF BUSINESS OR INDUSTRY <u>Building Supply</u>	22. FATHER'S NAME <u>Arlen B. Gullidge</u>	23. MOTHER'S MAIDEN NAME <u>Beulah Mae Boatwright</u>	24. INFORMANT'S NAME AND ADDRESS <u>Mrs. R. S. Gullledge, Rt. 2 Box 113, Harrisburg N. C.</u>	25. Wife				
PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR NO. 18, 19				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
18. IMMEDIATE CAUSE <u>acute myocardial infarction</u>						<u>2 days</u>					
19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSAL, STATING THE UNDERLYING CAUSE LAST		<u>ASHD</u>				<u>?</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I		19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		19b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II)		19c. AUTOPSY? (YES OR NO)		19d. IF YES, WHERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
20a. TIME OF INJURY		20b. INJURY AT WORK (SPECIFY YES OR NO)		20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BLDG., ETC. SPECIFY)		20d. CITY OR R.F.D.		20e. COUNTY		20f. STATE	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ TO _____						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 <u>6-20-73</u> ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.						22. ABOVE THE DECEASED WAS PRODUCEDEAD AT _____ IN _____ ON _____					
23a. SIGNATURE OF CERTIFIER <u>A. G. Swain</u>						23b. ADDRESS <u>Concord, N. C.</u>					
24a. BURIAL, CREMATION, OTHER (SPECIFY) <u>Burial</u>						24b. DATE <u>6-20-73</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carolina Memorial Pl.</u>		24d. LOCATION (CITY, TOWN, OR COUNTY) <u>Concord N. C.</u>	
25. FUNERAL HOME <u>Lady's Funeral Home, Kannapolis N. C.</u>						26. SIGNATURE OF FUNERAL HOME <u>[Signature]</u>		26. LICENSE NO. <u>95</u>		27. DATE REC'D BY LOCAL REG. <u>6-21-73</u>	
28. SIGNATURE OF REGISTRAR <u>[Signature]</u>						28. SIGNATURE OF REGISTRAR <u>[Signature]</u>		28. LICENSE NO. <u>84</u>		29. DATE REC'D BY LOCAL REG. <u>6-21-73</u>	

STATE BOARD  
OF HEALTH  
COPY

CAUSE

CERTIFIER

FAMILY NAME

DATE

BURIAL

FORM 8  
REV. 1-68  
1-68-1386