

NOV 8 1978

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

36103

REGISTRATION DISTRICT NO. 016-70 LOCAL NO.

1 TYPE, OR PRINT IN PERMANENT BLACK INK

34-016
1-N
35
961
937

NAME OF DECEASED 1 EDWARD EARL GUTHRIE		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 10-15-78	
COLOR OR RACE 4 WHITE	STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) 5a N.C.	COUNTY OF BIRTH 5b CARTERET	DATE OF BIRTH 6 11-11-1916	AGE (IN YEARS LAST BIRTHDAY) 7 61
PLACE OF DEATH COUNTY 8a CARTERET	CITY OR TOWN 8b MOREHEAD CITY	NAME OF HOSPITAL OR INSTITUTION 8c CARTERET GENERAL HOSPITAL	IF HOSP. OR INST. (Specify DOA, Emer. Rm., Inpatient, O.P.) 8d D.O.A.	INSIDE CITY LIMITS (SPECIFY YES OR NO) 8e YES
RESIDENCE STATE 9a N.C.	CITY OR TOWN 9b CARTERET	STREET AND NUMBER OR R.F.D. & BOX NO. 9c MOREHEAD CITY 2307 AVERY STREET	INSIDE CITY LIMITS (SPECIFY YES OR NO) 9e YES	
CITIZEN OF WHAT COUNTRY? 10 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11 MARRIED	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 12 THELMA GRAY WILLIS		
SOCIAL SECURITY NUMBER 13 [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a FIREMAN	KIND OF BUSINESS OR INDUSTRY 14b CIVIL SERVICE	WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 15 NO	
16 HARRY GUTHRIE		17 LUCY BALLOU		

18a **MRS. THELMA W. GUTHRIE, SAME AS # 9**

18b **WIFE**

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(a) IMMEDIATE CAUSE *Myocardial Infarction*

(b) DUE TO, OR AS A CONSEQUENCE OF *Hypertensive Arteriosclerosis*

(c) DUE TO, OR AS A CONSEQUENCE OF *Coronary Arteriosclerosis*

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

70a ACCIDENT OR NATURAL (SPECIFY)

70b IF ACCIDENT DESCRIBE (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

70c AUTOPSY? (YES OR NO)

70d IF YES WERE FINDINGS CONSIDERED IN DETERMINING DEATH

71a PLACE OF ACCIDENT AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)

71b WAS CASE REFERRED TO MEDICAL EXAMINER (SPECIFY YES OR NO)

71c TIME OF ACCIDENT MONTH DAY YEAR HOUR

71d NOTICE STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH

CERTIFICATION PHYSICIAN ATTENDED THE DECEASED FROM 9/11 1970

TO 9/11 1970 AND LAST SAW HIM/HER ALIVE ON 9/1 1978 DEATH

22 OCCURRED AT 1257 P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED

23a NAME AND TITLE OF CERTIFIER (Type or Print) **Beaugh**

23b SIGNATURE OF CERTIFIER *Beaugh*

23c DATE SIGNED 10/17/78

23d ADDRESS **Morehead City, N.C.**

24a BURIAL

24b DATE 10-17-78

24c NAME OF CEMETERY OR CREMATORY **BAY VIEW CEMETERY**

24d LOCATION (CITY, TOWN, OR COUNTY) (STATE) **MOREHEAD CITY, N.C.**

25a **BELL-MUNDEN FUNERAL HOME, MOREHEAD CITY, N.C.**

25b DATE REC'D BY LOCAL REG Oct. 20, 1978

25c SIGNATURE OF REGISTRAR *Beatrice H. Lewis*

25d SIGNATURE OF FUNERAL DIRECTOR *Garth Cooper*

25e SIGNATURE OF EMBALMER (IF EMBALMED) *Garth Cooper*

25f LICENSE NO. **178**

25g LICENSE NO. **178**

STATE COPY

SIGN WITH PERMANENT BLACK INK

DHS 1972 FORM 8 REV. 1/78