

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

OCT 6 1977

32029

REGISTRATION DISTRICT NO. 078-00 LOCAL NO. \_\_\_\_\_

DISREGARDED  
SE 3 August 25, 1977

TYPE, OR PRINT IN PERMANENT BLACK INK

|   |   |   |  |
|---|---|---|--|
| 1. NAME OF DECEASED<br>FIRST MIDDLE LAST<br><b>Eston Linwood Harrell</b>  |   | DATE OF DEATH<br>(MONTH, DAY, YEAR)<br><b>August 25, 1977</b>   |  |
| 2. SEX<br><b>Male</b>   | 3. COLOR OR RACE<br><b>White</b>  | 4. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)<br><b>North Carolina</b>                                   | 5. DATE OF BIRTH<br><b>April 1, 1911</b>             |
| 6. PLACE OF DEATH<br>COUNTY<br><b>Dare</b>  |   | 7. USUAL RESIDENCE<br>CITY OR TOWN STATE COUNTY<br><b>Kill Devil Hills North Carolina Dare</b>                |  |
| 8. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER)<br><b>DOA Outer Banks Health Clinic</b> |   | 9. INSIDE CITY LIMITS (SPECIFY YES OR NO)<br><b>yes</b>   |  |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br><b>Married</b>   | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)<br><b>Doris Grimes</b> | 12. STREET ADDRESS OR R.F.D. No.<br><b>P. O. Box 160</b>  |  |
| 13. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   | 14. SOCIAL SECURITY NUMBER<br>[REDACTED]                                | 15. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)<br><b>Staff Manager</b> | 16. KIND OF BUSINESS OR INDUSTRY<br><b>Insurance</b> |
| 17. FATHER'S NAME<br><b>William Leroy Harrell</b>   |   | 18. MOTHER'S MAIDEN NAME<br><b>Ada Belle Ashley</b>   |  |

DECEASED

PARENTS

17. INFORMANT'S NAME AND ADDRESS  
**Mrs. Doris Grimes Harrell - P. O. Box 160, Kill Devil Hills, N. C.**

STATE BOARD OF HEALTH COPY

|  |  |  |
|--|--|--|
| PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)       |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| (a) IMMEDIATE CAUSE:<br><b>Cardiac Arrest</b>                                  |  |  |
| (b) DUE TO, OR AS A CONSEQUENCE OF:<br><b>Myocardial Infarction (Probable)</b> |  |  |
| (c) DUE TO, OR AS A CONSEQUENCE OF:  |  |  |

CAUSE

|  |  |   |  |
|--|--|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) |  | 19b. AUTOPSY? (YES OR NO)<br><b>yes</b>             | 19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| 20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)  | 20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |   |  |
| 20c. TIME OF INJURY<br>MONTH DAY YEAR HOUR   | 20d. INJURY AT WORK (SPECIFY YES OR NO)  | 20e. PLACE OF INJURY (OFFICE BLDG., ETC. (SPECIFY)) | 20f. CITY OR R.F.D. COUNTY STATE                                   |

CERTIFIER

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <b>8/25 1977</b> TO <b>8/25 1977</b> AND LAST SAW HIM HER ALIVE ON <b>8/25 1977</b> DEATH OCCURRED AT <b>1:16 P.M.</b> ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED. |                                   | 22. 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. THE DECEDENT WAS PRONOUNCED DEAD AT _____ M. ON _____ 19__ |  |
| 23a. SIGNATURE OF CERTIFIER<br><b>Daniel C. Langdon</b>   | 23b. DEGREE OR TITLE<br><b>MD</b> | 23c. DATE SIGNED<br><b>8/25/77</b>   | 23d. ADDRESS<br><b>Outer Banks Health Center, Manteo, NC</b> |

BURIAL

|  |   |   |   |
|--|---|---|---|
| 24a. BURIAL, CREMATION, OTHER (SPECIFY)<br><b>Burial</b>         | 24b. DATE<br><b>8-27-77</b>                             | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Roanoke Is. Memorial Pk.</b> | 24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br><b>Manteo, N. C.</b> |
| 25. FUNERAL HOME<br><b>Twiford's Funeral Home, Manteo, N. C.</b> | 26. SIGNATURE OF FUNERAL DIRECTOR<br><b>[Signature]</b> | 27. LICENSE NO.<br><b>649</b>   |   |
| 28. DATE REC'D BY LOCAL REG.<br><b>9/6/77</b>                    | 29. SIGNATURE OF REGISTRAR<br><b>Joseph Stokes</b>      | 30. SIGNATURE OF EMBALMER (IF EMBALMED)<br><b>[Signature]</b>         | 31. LICENSE NO.<br><b>649</b>   |