

Marion Honeycutt
FEB 8 1977

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

2298

REGISTRATION DISTRICT NO. 049-70 LOCAL NO. 17

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED FIRST MIDDLE LAST <u>Marvin Lafayette Honeycutt</u>			DATE OF DEATH (MONTH, DAY, YEAR) <u>2 Jan. 29, 1977</u>		
2. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>N. C.</u>	6. DATE OF BIRTH <u>Feb 22, 1910</u>	7. AGE (IN YEARS LAST BIRTHDAY) <u>66</u>	IF UNDER 1 YEAR MONTHS IF UNDER 24 HOURS DAYS HOURS MIN.
3. PLACE OF DEATH COUNTY <u>Iredell Co.</u>		CITY OR TOWN <u>Mooreville</u>		USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE COUNTY <u>N. C. Iredell Co.</u>	
8a. NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Lowrance Hosp.</u>		8b. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>		9c. CITY OR TOWN <u>Mooreville</u>	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>Ruby Alexander</u>		9d. STREET ADDRESS OR R.F.D. No. <u>Rt. 5 Box 137</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Retired Policeman</u>	

DECEASED

PARENTS

VITAL RECORDS COPY

CAUSE

CERTIFIER

BURIAL

15. FATHER'S NAME <u>William Thomas Honeycutt</u>		16. MOTHER'S MAIDEN NAME <u>Nancy O. Hager</u>	
17. INFORMANT'S NAME AND ADDRESS <u>Mrs. Ruby A. Honeycutt Rt. 5 Box 137 Mooreville, N. C. 28115</u>			

PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE		<u>Myocardial Infarction</u>		<u>instant</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF		<u>Coronary Artery Disease</u>		<u>2 yrs.</u>	
(c) DUE TO, OR AS A CONSEQUENCE OF					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY? (YES OR NO) <u>No</u>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
19a. <u>Hypertensive Heart Disease</u>			19b.		19c.		
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		20d. INJURY AT WORK (SPECIFY YES OR NO)		20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		20f. CITY OR R.F.D. COUNTY STATE	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>February 7</u> 19 <u>77</u>			State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.				
18. TO <u>1/29/77</u> AND LAST SAW HIM HER ALIVE ON <u>1/29 19 77</u> DEATH							
19. OCCURRED AT <u>8:30</u> P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED							
22a. SIGNATURE OF CERTIFIER <u>Dr. R. M. Laine</u>		22b. DEGREE OR TITLE <u>M.D.</u>		22c. DATE SIGNED <u>1/29/77</u>		22d. ADDRESS <u>Mooreville, N. C.</u>	

23a. BURIAL, CREMATION, OTHER (SPECIFY) <u>Burial</u>		23b. DATE <u>1-31-77</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Vanderburg Meth. Ch.</u>		23d. LOCATION (CITY, TOWN, OR COUNTY) STATE <u>Mooreville, N. C.</u>	
24. FUNERAL HOME <u>Cavin-P.O. Box 977 Mooreville, N.C.</u>			25. SIGNATURE OF FUNERAL DIRECTOR <u>E.C. Cain</u>		26. LICENSE NO. <u>156</u>		
26. DATE REC'D BY LOCAL REG. <u>1-31-77</u>		SIGNATURE OF REGISTRAR <u>W. H. ...</u>		28. SIGNATURE OF EMBALMER (IF EMBALMED) <u>Milton D. Amund</u>		27. LICENSE NO. <u>760</u>	