

Stricker

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

33689

OCT 7 1974
REGISTRATION DISTRICT NO. 8870 LOCAL NO.

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED Robert Earle Kilpatrick			2. DATE OF DEATH (MONTH, DAY, YEAR) Sept. 9, 1974					
1. SEX M	2. COLOR OR RACE W	3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) N.C.	4. DATE OF BIRTH 11-27-1905	5. AGE (IN YEARS LAST BIRTHDAY) 68	6. IF UNDER 1 YEAR MONTHS 0	7. IF UNDER 24 HOURS DAYS 0	8. IF UNDER 24 HOURS HOURS 0	9. IF UNDER 24 HOURS MIN. 0
3. PLACE OF DEATH COUNTY Transylvania			4. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE N.C.					
5. CITY OR TOWN Brevard			6. COUNTY Transylvania					
7. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) 119 Maple St.			8. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes					
9. CITY OR TOWN Brevard			10. STREET ADDRESS OR R.F.D. No. 119 Maple St.					
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed			12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) None					
13. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes			14. STREET ADDRESS OR R.F.D. No. 119 Maple St.					
15. CITIZEN OF WHAT COUNTRY? U.S.A.			16. SOCIAL SECURITY NUMBER [REDACTED]					
17. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Mechanic			18. KIND OF BUSINESS OR INDUSTRY K&M Auto Co.					

DECEASED

PARENTS

15. FATHER'S NAME Robert P. Kilpatrick	16. MOTHER'S MAIDEN NAME Alie Cox
17. INFORMANT'S NAME AND ADDRESS Donald Kilpatrick 131 Maple St. Brevard, N.C.	

STATE BOARD OF HEALTH COPY

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: 4140 Coronary Occlusion		immed.
(b) DUE TO, OR AS A CONSEQUENCE OF: Hypertension		
(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)		19b. AUTOPSY? (YES OR NO)	19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. TIME OF INJURY MONTH DAY YEAR HOUR	20c. INJURY AT WORK (SPECIFY YES OR NO)	20d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	20e. CITY OR R.F.D. COUNTY STATE

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM May 23 1973 TO 8/30 1974 AND LAST SAW HIM/HER ALIVE ON 9/9 1974 DEATH	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
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BURIAL

21. OCCURRED AS M. ON THE DATE STATED ABOVE AND IN MY OPINION FROM THE CAUSES STATED.	22. ABOVE, THE DECEDENT WAS PRONOUNCED DEAD AT M. ON 19
23a. SIGNATURE OF CERTIFIER R. C. Stricker	23b. DATE SIGNED 9/13/74
23c. ADDRESS Brevard N.C.	
24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b. DATE 9-11-74
24c. NAME OF CEMETERY OR CREMATORY Gillespie-Evergreen	24d. LOCATION (CITY, TOWN, OR COUNTY) STATE Brevard, N.C.

FORM 8 REV. 1-68 1-48-150M

25. DATE REC'D BY LOCAL REG. 9/16/74	26. SIGNATURE OF REGISTRAR John T. Monteth	27. SIGNATURE OF FUNERAL DIRECTOR John T. Monteth	28. LICENSE NO. 2021
29. SIGNATURE OF EMBALMER (IF EMBALMED) John T. Monteth	30. LICENSE NO. 1110		