

JUL 8 1965

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

18105

REGISTRATION DISTRICT NO. 18-00 REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Funeral Director, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Catawba</u>		b. TOWNSHIP <u>Catawba</u>		c. LENGTH OF STAY (in 1a) <u>Life</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u>		b. COUNTY <u>Catawba</u>			
d. CITY OR TOWN <u>Catawba</u>		In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN <u>Catawba</u>		In Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.F.D. No. 1</u>					d. STREET ADDRESS OR R. F. D. NO. <u>R.F.D. No. 1</u>						
3. NAME OF DECEASED (Type or Print) First <u>Paul</u> Middle <u>Eugene</u> Last <u>Mackie</u>			4. DATE OF DEATH Month <u>June</u> Day <u>20</u> , Year <u>1965</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>July 19, 1918</u>			9. AGE (In years last birthday) <u>46</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Realtor</u>		
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Catawba County, N.C.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>J. Mackie</u>		
14. MOTHER'S MAIDEN NAME <u>Mary Smith</u>			NAME OF HUSBAND OR WIFE <u>Ruth Matheson Mackie</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW II</u>			16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		
17. INFORMANT'S NAME AND ADDRESS <u>Mrs. Paul Mackie - Catawba, N. C.</u>			18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>DUE TO (b) Arteriosclerotic Heart Disease</u> <u>DUE TO (c) Generalized arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>unknown</u> <u>unknown</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)			20c. TIME OF INJURY MONTH, DAY, YEAR HOUR <u>Oct. 31, 1957</u> to <u>June 20, 1965</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY OR TOWNSHIP <u>Sherrills Ford, N.C.</u>			20g. COUNTY <u>Catawba</u>			20h. STATE <u>N.C.</u>		
21. I attended the deceased from <u>Oct. 31, 1957</u> to <u>June 20, 1965</u> and last saw him alive on <u>June 3, 1965</u> Death occurred at <u>12:30 P.m.</u> on the date stated above; and to the best of my knowledge from the causes stated.			22a. SIGNATURE <u>J.H. Cutchin, Jr.</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>Sherrills Ford, N.C.</u>			22c. DATE SIGNED <u>June 23, 1965</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>6-22-65</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Methodist Ch.</u>			23d. LOCATION (City, town, or county) (State) <u>Catawba County - N.C.</u>		
24. DATE REC'D BY LOCAL <u>JUN 28 1965</u>			25. REGISTRAR'S SIGNATURE <u>W. H. Dandy, M.D.</u>			26. FUNERAL HOME ADDRESS <u>Willis Reynolds - Newton, N.C.</u>					

Fun. Director's Signature J.W. REYNOLDS
License # 403
Embalmer's Signature WILLIAM C. RICHARDS
License # 955

Form 9A Issued
Date
Burial Permit Issued
Date
Form 8
Rev. 1-62
10-63 100M