

OCT - 6 1968

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATHREGISTRATION DISTRICT NO. 86-60 LOCAL NO. 354

39693

TYPE, OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED Lewis Gilbert MEED, Jr				2. DATE OF DEATH (MONTH, DAY, YEAR) 10-2-68			
3. SEX M	4. COLOR OR RACE W	5. STATE OF BIRTH West Virginia	6. DATE OF BIRTH Oct 30, 1911	7. AGE 57	8. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.		9. IF UNDER 24 HOURS HOURS MIN.
10. PLACE OF DEATH COUNTY Surry			11. CITY OR TOWN Elkin		12. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE N.C. COUNTY Surry		
13. NAME OF HOSPITAL OR INSTITUTION D.O.A. Hugh Chatham Memorial			14. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		15. CITY OR TOWN Elkin,		
16. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		17. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Betty Masten Meed		18. STREET ADDRESS OR R.F.D. No. 634 Elk Spur Street		19. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
20. CITIZEN OF WHAT COUNTRY? USA		21. SOCIAL SECURITY NUMBER		22. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Owner Of Carolina Ice and Fuel Company		23. KIND OF BUSINESS OR INDUSTRY	
24. FATHER'S NAME L.G. Meed, Sr				25. MOTHER'S MAIDEN NAME Mary Francis Davis Meed			
26. INFORMANT'S NAME AND ADDRESS Mrs. Betty M. Meed 634 Elk Spur Street Elkin, 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:		Coronary Occlusion (DOA)		IMMEDIATE	
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(S), STATING THE UNDERLYING CAUSE LAST					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				19b. AUTOPSY? (YES OR NO) No		19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) NO		20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1a)					
21. TIME OF INJURY MONTH DAY YEAR HOUR		22. INJURY AT WORK (SPECIFY YES OR NO)		23. PLACE OF INJURY (OFFICE BLDG., ETC. (SPECIFY))		24. CITY OR R.F.D. COUNTY STATE	

25. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>NOT PREVIOUSLY</u>				26. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER:			
27. TO <u>DOA</u> AND LAST SAW HIM, HER ALIVE ON _____ 19____ DEATH				28. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE			
29. OCCURRED AT <u>8:40</u> A.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.				30. CAUSE(S) STATED ABOVE, THE DECEDENT WAS PRONOUNCED DEAD AT <u>8:55</u> A.M. ON <u>11-2</u> 19 <u>68</u>			
31. SIGNATURE OF CERTIFIER <u>Claude A. McNeely, Jr., M.D.</u>		32. DEGREE OR TITLE M.D.		33. DATE SIGNED 11-2-68		34. ADDRESS Elkin, N.C.	

35. BURIAL, CREMATION, OTHER (SPECIFY) Burial		36. DATE 11-4-68		37. NAME OF CEMETERY OR CREMATORY Crestwood Memorial Park		38. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Elkin, Surry, N.C.	
39. FUNERAL HOME Warren-Miller Funeral Home, Elkin, N.C.				40. SIGNATURE OF FUNERAL DIRECTOR <u>Joe R. Johnson</u>		41. LICENSE NO. 1689	
42. DATE REC'D BY LOCAL REG. 11-4-68		43. SIGNATURE OF REGISTRAR <u>W. M. Caldwell</u>		44. SIGNATURE OF EMBALMER (IF EMBALMED) <u>Joe R. Johnson</u>		45. LICENSE NO. 996	