

JUN 8 1965

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

17066

REGISTRATION DISTRICT NO. 84-80

REGISTRAR'S CERTIFICATE NO. 104

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 Stanly		b. TOWNSHIP N.A.		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Stanly					
d. CITY OR TOWN Albemarle		In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				c. CITY OR TOWN Albemarle		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 Stanly County Hospital						d. STREET ADDRESS or R. F. D. NO. R# 1					
3. NAME OF DECEASED (Type or Print) First Grady Middle Lee Last Miller			4. DATE OF DEATH Month 5 Day 1 Year 65			5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH 4-24-63			9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hosiery		11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jessie Mills			14. MOTHER'S MAIDEN NAME Victoria Sides			15. NAME OF HUSBAND OR WIFE Flossie Morton					
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			17. SOCIAL SECURITY NO. Unknown		18. INFORMANT'S NAME AND ADDRESS Mrs G.L Mills R# 1 Albemarle, N.C.						
19. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: Shock due to multiple long bone fractures, IMMEDIATE CAUSE (a) hemopneumothorax, basalar skull fracture. ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 8160 ✓										INTERVAL BETWEEN ONSET AND DEATH, Apprx. 4 hours	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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) Auto Accident - Collision w/ Truck								
21. TIME OF INJURY MONTH, DAY, YEAR HOUR 5-1-65 1:00 P.M.		22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 27		24. CITY OR TOWNSHIP Albemarle		25. COUNTY Stanly		26. STATE N.C.	
21. I attended the deceased from 1 P.M. 19 to 4:45 P.M. 19 and last saw him alive on 19 Death occurred at 4:45 P.M. on the date stated above; and to the best of my knowledge from the causes stated.											
27. SIGNATURE William E. Smith M.D.				28. ADDRESS Albemarle, N.C.				29. DATE SIGNED 5-3-65			
30. BURIAL, CREMATION, REMOVAL (Specify) Burial			31. DATE 5-3-65		32. NAME OF CEMETERY OR CREMATORY Anderson Grove			33. LOCATION (City, town, or county) (State) R# 1 Albemarle, N.C.			
34. DATE REC'D BY LOCAL REG. 5-3-65			35. REGISTRAR'S SIGNATURE Edward C. Humphrey			36. FUNERAL HOME ADDRESS Lefler Albemarle, N.C.					

Fun. Director's Signature: *Blanton R. Lowder* License # 813  
Embalmer's Signature: *Blanton R. Lowder* License # 430

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