

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

APR - 8 1968

10276

REGISTRATION DISTRICT NO. 60-95 LOCAL NO. 628

TYPE, OR PRINT IN PERMANENT BLACK INK

NAME OF DECEASED Marshall Glenn Pettus		DATE OF DEATH March 19, 1968	
SEX Male	COLOR OR RACE White	STATE OF BIRTH North Carolina	DATE OF BIRTH Dec. 19, 1912
AGE OR YEARS LAST BIRTHDAY 55	MONTHS 3	DAYS 7	HOURS
PLACE OF DEATH COUNTY Mecklenburg	CITY OR TOWN Charlotte, N. C.	STATE North Carolina	COUNTY Mecklenburg
NAME OF HOSPITAL OR INSTITUTION Mercy Hospital	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	CITY OR TOWN Charlotte, North Carolina	USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Helen Ferguson	STREET ADDRESS OR R.F.D. No. 3715 Eastway Drive	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
CITIZEN OF WHAT COUNTRY? USA	SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Capt., Charlotte Fire Department	KIND OF BUSINESS OR INDUSTRY

DECEASED

PARENTS

FATHER'S NAME John W. Pettus	MOTHER'S MAIDEN NAME Iva McIbtohs
INFORMANT'S NAME AND ADDRESS Mrs Helen Ferguson Pettus, 3715 Eastway Drive, Charlotte, N. C. 28205	

STATE BOARD OF HEALTH COPY

PART I. DEATH CAUSED BY:	ENTER ONLY ONE CAUSE PER LINE FOR NO. 14, 15, 16	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
14. IMMEDIATE CAUSE Coronary occlusion		30 min
15. DUE TO, OR AS A CONSEQUENCE OF Coronary arteriosclerosis		
16. DUE TO, OR AS A CONSEQUENCE OF 		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I	AUTOPSY? (YES OR NO) NO	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
17. Diabetes Mellitus		
18. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
19. TIME OF INJURY MONTH DAY YEAR HOUR 20. 3/19/68	20. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BUS, ETC. (SPECIFY)) 20.	CITY OR R.F.D. COUNTY STATE

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 1955	CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER:
21. OCCURRED 10 P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED:	ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE
SIGNATURE OF CERTIFIER Chas B Brown MD	22. CAUSE(S) STATED ABOVE THE DECEASED WAS PROLONGED DEAD AT Chm. Ltlb MC

BURIAL

BURIAL, CREMATION, OTHER (SPECIFY) Burial	DATE 3-21-68	NAME OF CEMETERY OR CREMATORY Sharon Memorial Park	LOCATION (CITY, TOWN, OR COUNTY) Charlotte, N. C.
FUNERAL HOME Miller & Kerns, Charlotte, N. C.	SIGNATURE OF FUNERAL DIRECTOR Robert L. Bains	LICENSE NO. 2172	
DATE FILED BY LOCAL BUREAU MAR 22 1968	SIGNATURE OF REGISTRAR Wm R. Kemp	SIGNATURE OF EMBALMER (IF USED) Robert L. Bains	LICENSE NO. 1199

FORM # REV. 1-68 1-48-1204