

NOV - 5 1968

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

35613

REGISTRATION DISTRICT NO. 76 00 LOCAL NO. _____

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED CARL CLIFFORD SAUNDERS			2. DATE OF DEATH Oct. 8, 1968		
3. SEX Male	4. COLOR OR RACE White	5. STATE OF BIRTH North Carolina	6. DATE OF BIRTH Sept. 2, 1923	7. AGE 45	
8a. PLACE OF DEATH COUNTY Randolph		8b. CITY OR TOWN Coleridge	9a. USUAL RESIDENCE STATE North Carolina		
8c. NAME OF HOSPITAL OR INSTITUTION Highway # 22		8d. INSIDE CITY LIMITS Yes	9c. CITY OR TOWN Siler City		9b. COUNTY Randolph
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	11. SURVIVING SPOUSE Pauline Kidd		14a. STREET ADDRESS OR R.F.D. No. Route # 4		14b. INSIDE CITY LIMITS No
12. CITIZEN OF WHAT COUNTRY? U. S. A.	13. SOCIAL SECURITY NUMBER [REDACTED]	14a. USUAL OCCUPATION Folder		14b. KIND OF BUSINESS OR INDUSTRY Textile	
15. FATHER'S NAME Carl V. Saunders			16. MOTHER'S MAIDEN NAME Fannie Way		

17. INFORMANT'S NAME AND ADDRESS
Mrs. Pauline K. Saunders, Route # 4, Siler City, North Carolina 27344

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

(a) IMMEDIATE CAUSE Fractured Skull	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes
(b) DUE TO, OR AS A CONSEQUENCE OF:	
(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)

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Accident	19b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b) Victim fall from moving vehicle truck (passenger)	19c. AUTOPSY? (YES OR NO) No	19d. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. TIME OF INJURY 8:30 P.M. 10-8-1968	20b. INJURY AT WORK (SPECIFY YES OR NO) NO	20c. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Street	20d. CITY OR R.F.D. COUNTY STATE Coleridge Rand. N.C.

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ AND LAST SAW HIM/HER ALIVE ON _____ 19____ DEATH OCCURRED AT _____ M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED. SIGNATURE OF CERTIFIER C. Julian Brady, Coleridge	22. 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 CAUSES STATED ABOVE. THE DECEDENT WAS PRONOUNCED DEAD AT 9:00 P.M. ON 10-8-1968 SIGNATURE OF MEDICAL EXAMINER Ray W. Clark
23a. DATE SIGNED 10-12-68	23b. ADDRESS Ramseur, N.C.

24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b. DATE 10/10/68	24c. NAME OF CEMETERY OR CREMATORY Deep River Bapt. Church	24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Randolph Co. N. C.
25. FUNERAL HOME Loflin Funeral Home, Ramseur, N. C.		26. SIGNATURE OF FUNERAL DIRECTOR Ray W. Clark	LICENSE NO. 627
27. DATE REC'D BY LOCAL BOARD OCT 14 1968	28. SIGNATURE OF REGISTRAR J. P. Sammons	29. SIGNATURE OF EMBALMER Ray W. Clark	LICENSE NO. 35

STATE BOARD OF HEALTH COPY

CAUSE

CERTIFIER

BURIAL

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

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10-09-68