

JUN 9 1969

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

18501

REGISTRATION DISTRICT NO. 177-60 LOCAL NO.

TYPE, OR PRINT IN  
PERMANENT  
BLACK INK

1. NAME OF DECEASED FIRST MIDDLE LAST Joe Thomas Sowell			2. DATE OF DEATH MONTH, DAY, YEAR May 14, 1969		
3. SEX Male	4. COLOR OR RACE White	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) N.C.	6. DATE OF BIRTH September 1, 1930	7. AGE (IN YEARS LAST BIRTHDAY) 38	8. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
9. PLACE OF DEATH COUNTY 8a. Richmond		CITY OR TOWN 8b. Hamlet		USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE COUNTY 9a. N.C. 9b. Richmond	
10. NAME OF HOSPITAL OR INSTITUTION 8c. Hamlet Hospital		INSIDE CITY LIMITS (SPECIFY YES OR NO) 8d. Yes		CITY OR TOWN 9c. Hamlet	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Peggy McKeel		STREET ADDRESS OR R.F.D. No. 9d. 910 Jefferson St.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Operator	
15. FATHER'S NAME Thomas B. Sowell		16. MOTHER'S MAIDEN NAME Daisy Pitts			
17. INFORMANT'S NAME AND ADDRESS Mrs. Peggy Sowell, 910 Jefferson St., Hamlet, N.C.					
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: myocardial infarction					1 day
(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)			19b. AUTOPSY? (YES OR NO)		
20a. TIME OF INJURY MONTH DAY YEAR HOUR			20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20c. INJURY AT WORK (SPECIFY YES OR NO)		20d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		20f. CITY OR R.F.D. COUNTY STATE	
21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 11-8 1966 TO 5-14-1969 AND LAST SAW HIM ALIVE ON 5-14-1969 DEATH OCCURRED AT 9:55p M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.			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 CAUSE(S) STATED ABOVE. THE DECEDENT WAS PRONOUNCED DEAD AT M. ON 19		
SIGNATURE OF CERTIFIER Giles L. Cloninger		DEGREE OR TITLE		DATE SIGNED 5-20-69	
ADDRESS Hamlet, N.C.					
24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		24b. DATE 5-16-69		24c. NAME OF CEMETERY OR CREMATORY Richmond Co. Mem. Park	
24d. FUNERAL HOME Wilson - Harrington, Hamlet, N.C.		LOCATION (CITY, TOWN, OR COUNTY) Rockingham, N.C.		STATE	
25. DATE REC'D BY LOCAL REG. 5-20-69		SIGNATURE OF REGISTRAR Richmond County Health Dept. EJ		SIGNATURE OF FUNERAL DIRECTOR Frank C. Wilson LICENSE NO. 1695	
				SIGNATURE OF EMBALMER (EMBALMED) Frank C. Wilson LICENSE NO. 979	

STATE BOARD OF HEALTH  
COPY4109  
CAUSE

CERTIFIER

BURIAL

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