

JUL 12 1960

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

JUL 12 1960

CERTIFICATE OF DEATH

19342

REGISTRATION DISTRICT NO 92-00

REGISTRAR'S CERTIFICATE NO 179

This is a legal record and will be permanently filed.

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Type or write legibly. Use black ink. 5122
All items must be complete and accurate.

The undertaker, 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.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, or Coroner, if in-quest was held.

1. PLACE OF DEATH a. COUNTY <i>Wake</i>		b. TOWNSHIP <i>MEREDITH</i>		c. LENGTH OF STAY (in hrs)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		a. STATE <i>N.C.</i>		b. COUNTY <i>Wake</i>													
d. CITY OR TOWN <i>Raleigh</i>		In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Cary N.C.</i>		In Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>															
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>US - 1</i>						d. STREET ADDRESS OR R. F. D. NO.																	
3. NAME OF DECEASED First <i>Vernon</i> Middle <i>Lee</i> Last <i>Thompson</i>			4. DATE OF DEATH Month <i>6</i> Day <i>16</i> Year <i>60</i>			5. SEX <i>Male</i>			6. COLOR OR RACE <i>White</i>			7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <i>7-17-31</i>			9. AGE (In years last birthday) <i>28</i>			10. IF UNDER 1 YEAR Months <i>28</i> Days <i>28</i> Hours <i>28</i> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Lumber yard supv., N. C. State Prison Enterprise</i>						10b. KIND OF BUSINESS OR INDUSTRY <i>N.C.</i>						11. BIRTHPLACE (State or foreign country) <i>USA</i>						12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					
13. FATHER'S NAME <i>Gordon Thompson</i>						14. MOTHER'S MAIDEN NAME <i>Kulah Ferrell</i>						NAME OF HUSBAND OR WIFE <i>Carolyn M. Thompson</i>											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>yes</i>						16. SOCIAL SECURITY NO.						17. INFORMANT'S NAME AND ADDRESS <i>Carolyn M. Thompson, Cary, N.C.</i>											
18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).												INTERVAL BETWEEN ONSET AND DEATH											
PART I. DEATH WAS CAUSED BY:																							
IMMEDIATE CAUSE (a) <i>Burned to death</i>																							
ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.																							
DUE TO (b) <i>Dropped under truck which</i>																							
DUE TO (c) <i>caught fire from gas -</i>																							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE OR ILLNESS GIVEN IN PART I (a) <i>5230</i>												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
20a. ACCIDENT SUICIDE HOMICIDE <i>X</i> <input type="checkbox"/> <input type="checkbox"/>						20b. DESCRIBE HOW INJURY OCCURRED (State name of injury, if any, and item 18) <i>Truck run over on knee</i>																	
20c. TIME, MONTH, DAY, YEAR HOUR OF INJURY <i>6-16-60 M.</i>						20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						20e. PLACE OF INJURY (e.g., in or about home, factory, store, office bldg., etc.) <i>Street</i>						20f. CITY OR TOWNSHIP COUNTY STATE <i>Raleigh Wake N.C.</i>					
21. I attended the deceased from _____ 19 _____ to _____ 19 _____, and last saw him alive on _____ 19 _____.																							
Death occurred at _____ on the date stated above; and to the best of my knowledge from the causes stated.																							
22a. SIGNATURE <i>M. C. Burnett</i>						22b. ADDRESS <i>Raleigh N.C.</i>						22c. DATE SIGNED <i>6-22-60</i>											
23a. BURIAL - CREMATION - REMOVAL (Specify) <i>Burial</i>				23b. DATE <i>6-18-60</i>				23c. NAME OF CEMETERY OR CREMATORY <i>Cary Cemetery</i>				23d. LOCATION (City, town, or county) (State) <i>Cary N.C.</i>											
24. DATE REVISED BY <i>JUN 21 1960</i>						25. REGISTRAR'S SIGNATURE <i>Lee K. Shurt, R.D.</i>						26. FUNERAL DIRECTOR <i>Opex Funeral Director</i>						ADDRESS <i>St. Paul's C.</i>					

THIS COPY FOR STATE BOARD OF HEALTH