

JAN 8 1964

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 11-95

REGISTRAR'S CERTIFICATE NO.

36944

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

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 inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY Buncombe		b. TOWNSHIP		c. LENGTH OF STAY (in 1a) Life		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE North Carolina				b. COUNTY Buncombe		
d. CITY OR TOWN Asheville		In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				c. CITY OR TOWN Asheville		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 D.O.A. Memorial Mission Hospital						d. STREET ADDRESS OR R. F. D. NO. 128 Rumbough Place						
3. NAME OF DECEASED (Type or Print) CHARLES AUGUSTUS WERHAN			First Middle Last			4. DATE OF DEATH Dec. 9, 1963			Month Day Year			
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 Mar. 20, 1938		9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman			10b. KIND OF BUSINESS OR INDUSTRY Asheville, Fire Dept.			11. BIRTHPLACE (State or foreign country) Buncombe Co., N.C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Charles Werhan				14. MOTHER'S MAIDEN NAME Onie Lanning				NAME OF HUSBAND OR WIFE Lois Joan Smith Werhan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean War			16. SOCIAL SECURITY NO.			17. INFORMANT'S NAME AND ADDRESS Mrs. C.A. Werhan 128 Rumbough Place. Asheville, N.C.						
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxiation due to smoke</i> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>Fire fighting on Bull Ave - Biltmore Avenue</i> DUE TO (b) <i>Fire fighting on Bull Ave -</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>9166</i>											INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY 12-6-63 5:30 P.M.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Antique Shop				20f. CITY OR TOWNSHIP Asheville		COUNTY Buncombe		STATE N.C.
21. I attended the deceased from 19... to 19... and last saw her alive on 19... Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge from the causes stated.												
22a. SIGNATURE <i>W. H. ...</i>						22b. ADDRESS <i>...</i>		22c. DATE SIGNED Dec. 10, 1963				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Dec. 11, 1963		23c. NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery			23d. LOCATION (City, town, or county) (State) Buncombe Co., N.C.				
24. DATE REC'D BY LOCAL REG. 12-11-63			25. REGISTRAR'S SIGNATURE <i>...</i>			26. FUNERAL DIRECTOR ADDRESS Groce Funeral Home, Inc. Asheville, N.C.						

Burial Permit Issued

12-10-63

Date

Form 9A Issued

Date

Form 8

Rev. 1-62

1-62 508