

SEP 10 1956

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

20922

REGISTRATION DISTRICT NO. "65-90" REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY New Hanover		b. TOWNSHIP		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE North Carolina		b. COUNTY New Hanover											
d. CITY OR TOWN Wilmington, N.C.		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Wilmington, N.C.		Is Place of Residence In City Limits? On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		d. STREET ADDRESS OR R. F. D. NO. 651 Castle Hayne Road											
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION James Walker Memorial Hospital (D.O.A.)																			
3. NAME OF DECEASED (Type or Print) Oscar			First			Middle Donald			Last Willie			4. DATE OF DEATH 8 - 10 - 1956		Month		Day		Year	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 15, 1928		9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. 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 City Of Wilmington				11. BIRTHPLACE (State or foreign country) Wilmington, N. C.		12. CITIZEN OF WHAT COUNTRY? United States									
13. FATHER'S NAME G. R. Willles				14. MOTHER'S MAIDEN NAME Nina Pearl King				NAME OF HUSBAND OR WIFE Lillie Marie Whitman											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 5-13-48 to 6-3-49				16. SOCIAL SECURITY NO.				17. INFORMANT'S NAME AND ADDRESS Mrs O. D. Wilhams Wilmington, 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) Generalized crushing injury										INTERVAL BETWEEN ONSET AND DEATH 30 min.									
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.																			
DUE TO (b)																			
DUE TO (c)																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Crushed by falling wall while fighting fire															
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY 8-10-56 10:30 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.) STREET		20f. CITY OR TOWNSHIP WILMINGTON, NEW HANOVER		COUNTY		STATE N.C.									
21. I attended the deceased from 10:50 pm on the date stated above: and to the best of my knowledge from the causes stated.																			
22a. SIGNATURE L. O. Mason, M.D., Coroner				(Degree or title)		22b. ADDRESS Wilmington, N.C.		22c. DATE SIGNED 8-11-56											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-12-1956		23c. NAME OF CEMETERY OR CREMATORY Oakdale		23d. LOCATION (City, town, or county) Wilmington, N. C.		(State)											
24. DATE REC'D BY LOCAL REG. 8-13-56		25. REGISTRAR'S SIGNATURE C. B. Davis M.D.				26. FUNERAL DIRECTOR Howard Funeral Home		ADDRESS Wilmington, N.C.											

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.

FORM 8

Rev. 1-56

THIS COPY FOR STATE BOARD OF HEALTH