

SEP 6 1978
 REGISTRATION 065-90
 DISTRICT NO LOCAL NO

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH
 CERTIFICATE OF DEATH

30752

TYPE, OR PRINT IN PERMANENT BLACK INK

39-888
 7

34-02400

DECEASED

PARENTS

STATE COPY

CAUSE

CERTIFIER

SIGN WITH PERMANENT BLACK INK

BURIAL

DHS 1872
 FORM 8
 REV. 1/78

1 NAME OF DECEASED FIRST MIDDLE LAST Francis Winnies		2 SEX Male	3 DATE OF DEATH (MONTH, DAY, YEAR) August 08, 1978	
4 COLOR OR RACE White	5a STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) Pennsylvania	5b COUNTY OF BIRTH Philadelphia	6 DATE OF BIRTH March 15, 1916	7 AGE (IN YEARS LAST BIRTHDAY) 62
8a PLACE OF DEATH COUNTY New Hanover	8b CITY OR TOWN Wilmington	8c NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) Hilhaven Conv. Center	8d IF HOSP OR INST (Specify DOA, Emer Rm inpatient/O.P.)	8e INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
9a RESIDENCE STATE North Carolina	9b COUNTY Columbus	9c CITY OR TOWN Chadbourn	9d STREET AND NUMBER OR R.F.D. & BOX NO. Hwy. 74 Rt. #2	9e INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
10 CITIZEN OF WHAT COUNTRY? USA	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	12 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Mrs. Dorothy Batten		
13 SOCIAL SECURITY NUMBER [REDACTED]	14a USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Forestry Service	14b KIND OF BUSINESS OR INDUSTRY State Employed	15 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes	
16 FATHER'S NAME Vincent Winnies		17 MOTHER'S MAIDEN NAME Mary Ratajczak		
18a INFORMANT'S NAME AND ADDRESS Mrs. Dorothy B. Winnies Chadbourn, N.C. 28431			18b RELATION TO DECEASED Widow	
19 PART I DEATH CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE <i>Pneumonia, pt. aspiration</i>				<i>48 hr</i>
(b) DUE TO, OR AS A CONSEQUENCE OF <i>ASCD & Chlamydia</i>				
(c) DUE TO, OR AS A CONSEQUENCE OF				
20a PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			20b AUTOPSY? (YES OR NO)	20c IF YES WERE FINDINGS CONSIDERED IN DETERMINING DEATH
21a ACCIDENT OR NATURAL (SPECIFY)		21b IF ACCIDENT, DESCRIBE (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	21c TIME OF ACCIDENT MONTH DAY YEAR HOUR	
21d PLACE OF ACCIDENT AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	21e WAS CASE REFERRED TO MEDICAL EXAMINER (SPECIFY YES OR NO)		NOTICE STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
22 CERTIFICATION PHYSICIAN I ATTENDED THE DECEASED FROM <i>8/8-78</i> TO <i>8/8-78</i> AND LAST SAW HIM/HER ALIVE ON <i>8-5-78</i> DEATH OCCURRED AT <i>5:25 P.M.</i> ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED		23a NAME AND TITLE OF CERTIFIER (Type or Print)		
23b SIGNATURE OF CERTIFIER <i>J. Michael Hayes</i>		23c DATE SIGNED <i>8-14-78</i>	23d ADDRESS <i>1202 Medical Center Dr.</i>	
24a BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b DATE 08-10-78	24c NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d LOCATION (CITY, TOWN, OR COUNTY) (STATE) Chadbourn, N.C. 28431	
25 FUNERAL HOME NAME ADDRESS Mercer-Worthington Chadbourn, N.C.		26 SIGNATURE OF FUNERAL DIRECTOR <i>Jesse D. Worthington</i>	LICENSE NO. 3074	
27a DATE REC'D BY LOCAL REG AUG 16 1978	27b SIGNATURE OF REGISTRAR <i>James A. [Signature]</i>	27c SIGNATURE OF EMBALMER (IF EMBALMED) <i>Thomas Hayes</i>	LICENSE NO. 294	