

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

39-888  
7

DECEASED

34-02400  
025  
107

1 NAME OF DECEASED FIRST MIDDLE LAST <b>Francis Winnies</b>			2 SEX <b>Male</b>	3 DATE OF DEATH (MONTH, DAY, YEAR) <b>August 08, 1978</b>		
4 COLOR OR RACE <b>White</b>	5a STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) <b>Pennsylvania</b>	5b COUNTY OF BIRTH <b>Philadelphia</b>	6 DATE OF BIRTH <b>March 15, 1916</b>	7 AGE (IN YEARS LAST BIRTHDAY) <b>62</b>	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MIN
8a PLACE OF DEATH COUNTY <b>New Hanover</b>	8b CITY OR TOWN <b>Wilmington</b>	8c NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Hilhaven Conv. Center</b>		8d IF HOSP. OR INST. (Specify DOA, Emer. Rm. inpatient/O.P.)		8e INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>
9a RESIDENCE - STATE <b>North Carolina</b>	9b COUNTY <b>Columbus</b>	9c CITY OR TOWN <b>Chadbourn</b>	9d STREET AND NUMBER OR R.F.D. & BOX NO. <b>Hwy. 74 Rt. #2</b>		9e INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>	
10 CITIZEN OF WHAT COUNTRY? <b>USA</b>	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	12 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Mrs. Dorothy Batten</b>				
13 SOCIAL SECURITY NUMBER <b>179-05-4656</b>	14a USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Forestry Service</b>	14b KIND OF BUSINESS OR INDUSTRY <b>State Employed</b>	15 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>Yes</b>			

PARENTS

16 FATHER'S NAME <b>Vincent Winnies</b>	17 MOTHER'S MAIDEN NAME <b>Mary Ratajczak</b>	
18a INFORMANT'S NAME AND ADDRESS <b>Mrs. Dorothy B. Winnies Chadbourn, N.C. 28431</b>		18b RELATION TO DECEASED <b>Widow</b>

STATE COPY

CAUSE

19 PART I DEATH CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(a) IMMEDIATE CAUSE <i>Pneumonia, post-operative</i>	<i>48 hr</i>
	(b) DUE TO, OR AS A CONSEQUENCE OF <i>ASCVD &amp; Chlamydia</i>	
	(c) DUE TO, OR AS A CONSEQUENCE OF	

CERTIFIER

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	

SIGN WITH PERMANENT BLACK INK

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>8-8-78</i> DEATH OCCURRED AT <i>5:25</i> M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED	23a NAME AND TITLE OF CERTIFIER (Type or Print) <b>J. Michael Hayes</b>
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>	

BURIAL

24a BURIAL, CREMATION, OTHER (SPECIFY) <b>Burial</b>	24b DATE <b>08-10-78</b>	24c NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	24d LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Chadbourn, N.C. 28431</b>
25 FUNERAL HOME NAME ADDRESS <b>Mercer-Worthington Chadbourn, N.C.</b>	26 SIGNATURE OF FUNERAL DIRECTOR <i>James A. Worthington</i>	LICENSE NO. <b>3074</b>	
27a DATE REC'D BY LOCAL REG <b>AUG 16 1978</b>	27b SIGNATURE OF REGISTRAR <i>James A. Worthington</i>	SIGNATURE OF EMBALMER (IF EMBALMED) <i>James A. Worthington</i>	LICENSE NO. <b>294</b>

DHS 1872 FORM 8 REV. 1/78