

JUL 7 1965

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

20859

REGISTRATION DISTRICT NO. 99-00 REGISTRAR'S CERTIFICATE NO. 103

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).

1. PLACE OF DEATH a. COUNTY <u>Yadkin</u>			b. TOWNSHIP <u>Lall Creek S.O.A.</u>			c. LENGTH OF STAY (in la) <u>S.O.A.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
d. CITY OR TOWN <u>YADKINVILLE, N.C.</u>			Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. CITY OR TOWN <u>Cast Bend</u>			Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" 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 <u>Wm Conrad Hoops M. Hosp -</u>			f. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Yadkin Co. N.C.</u>			d. STREET ADDRESS OR R. F. D. NO. <u>R. # 1</u>			4. DATE OF DEATH <u>6-26-65</u>		
3. NAME OF DECEASED (Type or Print) <u>Johnnie Bell Wiseman</u>			First Middle Last			8. DATE OF BIRTH <u>11-13-1912</u>			9. AGE (In years last birthday) <u>52 yrs</u>		
5. SEX <u>M.</u>			6. COLOR OR RACE <u>W.</u>			7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Distributor</u>		
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY <u>No. Car. USA</u>			11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>John A Clay Wiseman</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Isabelle Hobson</u>			NAME OF HUSBAND OR WIFE <u>Leila Money Wiseman</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>[REDACTED]</u>			17. INFORMANT'S NAME AND ADDRESS <u>Mrs. Milton Vestal, Doughter</u>					

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) <u>Head injury - traumatic</u>											
ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) <u>automobile</u>											
DUE TO (c) <u>[REDACTED]</u>											
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) <u>Fireman - Hit by passing auto-while on duty</u>							
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY <u>6:26 65 11:58A</u>				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.) <u>Highway</u>			
21. I attended the deceased from <u>11:59P</u> on the date stated above; and to the best of my knowledge from the causes stated.				21. I attended the deceased from <u>10:00</u> to <u>6/26/65</u> and last saw her/him alive on <u>6/27/65</u>				20f. CITY OR TOWNSHIP COUNTY STATE <u>Cast Bend, Yadkin, N.C.</u>			
22a. SIGNATURE <u>Dean Bureau MD</u>				22b. ADDRESS (Degree or title) <u>Yadkinville NC</u>				22c. DATE SIGNED <u>6/27/65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-28-65</u>		23c. NAME OF CEMETERY OR CREMATORY <u>UNION GROVE</u>		23d. LOCATION (City, town, or county) (State) <u>Boonville N.C.</u>					
24. DATE REC'D BY LOCAL REG. <u>6-29-65</u>				25. REGISTRAR'S SIGNATURE <u>YADKIN HEALTH CENTER</u>				26. FUNERAL DIRECTOR <u>Matthews Funeral Home</u>			

THIS COPY FOR STATE BOARD OF HEALTH