NORTH CAROLINA STATE BOARD OF HEALTH

OFFICE OF VITAL STATISTICS

CER	TIFICA	TE OF	DEATH
REGISTRAR'S	No		

19217

THATION 6800	REGISTRAR'S CERTIFICATE	٧٥			19	216		
OF DEATH	b. TOWNSHIP	e. LENGTH OF	2. USUAL RESIDENCE (Wh					
Chap	el Hill	11 mo. 13	da STATE N. C.	b. COUNT	- 301.	lford		
17	Is Plac Limits	e of Death Within City	e. CITY OR	- In	Is Place of City Limits?	of Residence On a Farm?		
Chapel Hi	11	YES NO Y	TÖWNIigh Foir	it "	ES X NO	TES NO		
WAME OF (If not in hos	pital or institution, give street	d. STREET						
MALOR N. C. Memorial Hospital			or R. F. D. NO. 116					
to 51 Cf First		Middle	Last	4. DATE	Month	Day Year		
Richar Print Richar	d Broadu	ıs Cull		DEATH		1.6 <u>1</u> 961		
E. COLOR OF	7. MARRIEDA	NEVER MARRIED		9. AGE (In years las birthday)	Months De	EAR IF UNDER 24 HRS.		
white	WIDOWED [DIVORCED [1-25-3.5	1 49				
CYCUPATION (Give k	ind of work 10b. KIND OF I		RY 11. BIRTHPLACE (State			F WHAT COUNTRY!		
		**		Co., N. Cl				
COTTES NAME		OTHER'S MAIDEN N		NAME OF HUSBA	ND OR WIFE			
Lande Culler		Della Krause		Evelyn				
is a m reknown) (If yes, give t	war or dates of service)							
19 · (57)	***	****	N. C. Memoria	il Hosp. Re		TERVAL PERMEEN		
WIM OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (e).					00	TERVAL BETWEEN SET AND DEATH		
PART I. DEATH WAS CA	ם ו	١ ٠١	1. (11.			<i>u</i> \		
MEDIATE CAUSE (a)_	remphera	MASON	IN COLLUBS	<u> </u>		74		
ANTECEDENT CAUSES-	Conditions, if any, which go	ve rise to above cause (a), stating the underlying cas	ise last.				
DUE TO (6) DEUERE IN ANI +10)						12 M.		
DUE TO (b) ABOUTE IN TAIL 1160								
DUE TO (e)_	Artestis	LN-UO VINA	Lama & Small	Intention	18	17A		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DIBEASE CONDITION GIVEN IN PART I (a)						WAS AUTOPSY PERFORMED!		
Walley.	Emphysen					TES E NO []		
IJENT SUICIDE HOMICIDE 35. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)								
204. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about 20f. CITY OR TOWNSHIP COUNTY STATE 20f. CITY OR TOWNSHIP COUNTY STATE								
F SUFA	M. NORE LA AT	WORK L						
1) 122 test the deceased from 5 129 1064 to 6 flk 19 00 and last sow the alive on 6								
2 15: wred as 60 2 m on the date stated above; and to the best of my knowledge from the causes stated.								
A CAND	constitution .	Degree or title)	NCMI C	al XIII	ALC 22	6/8/67		
TELIA 26. DATE 6 16 16 220. NAME OF CEMETERY OR CREMATORY 23d ACCATION (City, town, or country) (Citato) 6-16-6+ Floral Garden Parks Cem. High Point of C.								
DBY LOCAL 22, REGISTRAR'S SIGNATURE 23, FUNERAL-DIRECTOR (1970)								
2.64 C. David Grasin M.C. Do Dochust Junea Chora N.C.								