

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

17514

REGISTRATION DISTRICT NO. 54-20		REGISTRAR'S CERTIFICATE NO. 115	
PLACE OF DEATH COUNTY Stanly		b. TOWNSHIP Tyson	
c. CITY OR TOWN Albemarle		e. LENGTH OF STAY (No. of days) Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Rural Rd		d. STREET ADDRESS or R. F. D. NO. 1735 West Main Ave.	
2. NAME OF DECEASED (Type or Print) John Wilson		Last Gaddy Sr.	
3. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-5-14	
9. AGE (In years last birthday) 52		10. DATE OF DEATH 5-3-66	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Grocery	
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME S.M. Gaddy		14. MOTHER'S MAIDEN NAME Emma Porter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S NAME AND ADDRESS Mrs Marie T. Gaddy Albemarle, N.C.			
10. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest & Head injuries ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auto Accident DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Instant
25a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		25b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 10) One Car Accident	
26a. TIME OF INJURY 5-3-66 5:45 a.m.		26b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural Road	
26c. CITY OR TOWNSHIP Albemarle		26d. COUNTY STATE Stanly N.C.	
21. I attended the deceased from 19..... to 19..... and last saw him/her DEAD 5-3-66 19..... He/She occurred at 6:00 and the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Albemarle N.C.	
22c. DATE SIGNED 5-4-66			
23a. NAME OF CEMETERY OR CREMATORY Fairview MEM Park		23b. LOCATION (City, town, or county) (State) Albemarle, N.C.	
24. DATE RECD BY LOCAL REG. Stanly County Health Dept.		25. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
26. FUNERAL HOME ADDRESS Lefler Albemarle, N.C.			