

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

26851

OCT 6 1964

REGISTRATION DISTRICT NO. 11-95

REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

The Funeral Director, or person acting as such, is responsible for filing the completed certificate with the 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

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH Buncombe		b. TOWNSHIP Asheville		c. LENGTH OF STAY (in 1s) Life		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (a) North Carolina COUNTY Buncombe					
d. CITY OR TOWN Asheville		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				c. CITY OR TOWN Asheville		Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input 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 Memorial Mission Hospital						d. STREET ADDRESS OR R. F. D. NO. 78 Forest Hill Drive					
3. NAME OF DECEASED (Type or Print) George			First Howard			Middle Redfern			4. DATE OF DEATH Month 9 Day 8 Year 1964		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-7-02		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min. s.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Ideal Cement Co		11. BIRTHPLACE (State or foreign country) Asheville, N.C.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME George H. Redfern				14. MOTHER'S MAIDEN NAME Sally Davidson			NAME OF HUSBAND OR WIFE NONE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) Yes WWII				16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS Mrs Mary R. White 78 Forest Hill Asheville, N.C.					
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the stomach gland with metastases</i> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>177X</i>										INTERVAL BETWEEN ONSET AND DEATH 8 years	
20a. ACCIDENT SUICIDE HOMICIDE <input 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)								
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR M.			20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY OR TOWNSHIP Asheville		COUNTY Buncombe		STATE N.C.
21. I attended the deceased from 9-3-64 to 9-8-64, and last saw her alive on 9-8-64. Death occurred at 4:56 P.M. on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE <i>A. Crow M.D.</i>						22b. ADDRESS Asheville			22c. DATE SIGNED 9/9/1964		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 9/10/1964		23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery			23d. LOCATION (City, town, or county) (State) Asheville N.C.			
24. DATE REC'D BY LOCAL REG. 9-10-64			25. REGISTRAR'S SIGNATURE <i>W. Stearns</i>			26. FUNERAL HOME Morris Hendon Black Funeral Home			ADDRESS 140 Merrimac Asheville		

Fun. Director's Signature  
License # 1594  
Embalmer's Signature  
License # 939

Form 9A Issued

Date Burial Permit Issued  
9-10-64

Date Form 8 Rev. 1-62 7-63 100M