

DEC 6 1978

REGISTRATION DISTRICT NO 060-95 LOCAL NO 2997

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH  
CERTIFICATE OF DEATH

41888

NAME OF DECEASED FIRST MIDDLE LAST <b>Lee Ravon Ross</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>November 23, 1978</b>	
COLOR OR RACE <b>White</b>	STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) <b>N.C.</b>	COUNTY OF BIRTH <b>Cabarrus</b>	DATE OF BIRTH <b>2 February 1915</b>	AGE (IN YEARS LAST BIRTHDAY) <b>63</b>
PLACE OF DEATH COUNTY <b>Mecklenburg</b>	CITY OR TOWN <b>Charlotte</b>	NAME OF HOSPITAL OR INSTITUTE (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Presbyterian Hospital</b>	IF HOSP. OR INST. (Specify DOA, Emer. Rm., etc.) <b>Inpatient</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>
RESIDENCE-STATE <b>N.C.</b>	COUNTY <b>Stanly</b>	CITY OR TOWN <b>Albemarle</b>	STREET AND NUMBER OR R.F.D. & BOX NO. <b>R# 2</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>No</b>
CITIZEN OF WHAT COUNTRY? <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Mary Byrd Hawkins</b>		
SOCIAL SECURITY NUMBER <b>198-03-4598</b>	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Supervisor</b>	KIND OF BUSINESS OR INDUSTRY <b>Yarn Mill</b>	WAS DECEDENT EVER IN ARMED FORCES (SPECIFY YES OR NO) <b>No</b>	
FATHER'S NAME <b>George M. Ross</b>	MOTHER'S MAIDEN NAME <b>Cora Linker</b>			

INFORMANT'S NAME AND ADDRESS <b>Mrs. Mary B. Ross R# 2 Albemarle, N.C. 28001</b>	RELATION TO DECEASED <b>Wife</b>
---	-------------------------------------

PART I DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)	APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	
(a) IMMEDIATE CAUSE <i>Subarachnoid hemorrhage</i>	<i>8 weeks</i>
(b) DUE TO OR AS A CONSEQUENCE OF	
(c) DUE TO OR AS A CONSEQUENCE OF	

PART II (OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))	AUTOPSY? (YES OR NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING DEATH?
20a ACCIDENT OR NATURAL (SPECIFY)	20b	20c
21a PLACE OF ACCIDENT AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (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

CERTIFICATION PHYSICIAN ATTENDED THE DECEASED FROM _____ 19 _____ TO _____ 19 _____ AND LAST SAW HIM/HER ALIVE ON _____ 19 _____ DEATH	NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO AND EXAMINED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH-
--	--

22 OCCURRED AT <b>145A N.</b> ON THE DATE STATED ABOVE, AND IN MY OPINION FROM THE CAUSES STATED	NAME AND TITLE OF CERTIFIER (Type or Print) <b>J.M. Petty, M.D.</b>
SIGNATURE OF CERTIFIER <i>J.M. Petty</i>	DATE SIGNED <b>11/27/78</b>
23a	ADDRESS <b>1012 Kingo Dr. Charlotte, N.C.</b>

24a BURIAL, CREMATION, OTHER (SPECIFY) <b>Burial</b>	DATE <b>25 Nov 78</b>	24b NAME OF CEMETERY OR CREMATORY <b>Stanly Gardens of Memory Albemarle N.C. 28001</b>	LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Albemarle N.C.</b>
FUNERAL HOME NAME <b>Lefler Funeral Home, Albemarle, N.C.</b>	ADDRESS <b>28001</b>	SIGNATURE OF FUNERAL DIRECTOR <i>Blanton R. Lawler</i>	LICENSE NO. <b>403</b>
DATE REC'D BY LOCAL REG. <b>NOV 29 1978</b>	SIGNATURE OF REGISTRAR <i>Blanton R. Lawler</i>	SIGNATURE OF EMBALMER (IF APPLICABLE) <i>Blanton R. Lawler</i>	LICENSE NO. <b>403</b>