

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH

JUN 8 1970

REGISTRATION DISTRICT NO. 34-95 LOCAL NO. 761

16573

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED FIRST MIDDLE LAST <u>Herbert</u> <u>Macon</u> <u>Yount</u>		2. DATE OF DEATH (MONTH, DAY, YEAR) <u>May 9, 1970</u>	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>North Carolina</u>	6. DATE OF BIRTH <u>85</u> <u>12 07 86</u>
7. AGE IN YEARS LAST BIRTHDAY <u>84</u>		8. IF UNDER 1 YEAR MONTHS DAYS	9. IF UNDER 24 HOURS HOURS MIN.
10. PLACE OF DEATH COUNTY <u>Forsyth</u>		11. USUAL RESIDENCE (WHERE DECEASED LIVED, INSTITUTION, RESIDENCE BEFORE ADMISSION) CITY OR TOWN STATE COUNTY <u>Newton-Salem</u> <u>North Carolina</u> <u>Catawba</u>	
12. NAME OF HOSPITAL OR INSTITUTION <u>NORTH CAROLINA BAPTIST</u>		13. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>	
14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>WIDOWED Divorced</u>		15. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) —	
16. CITIZEN OF WHAT COUNTRY? <u>USA</u>		17. SOCIAL SECURITY NUMBER	
18. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Chairman of Board</u>		19. KIND OF BUSINESS OR INDUSTRY <u>Newton Glove Inc.</u>	
20. FATHER'S NAME <u>Dr. J. A. Yount</u>		21. MOTHER'S MAIDEN NAME <u>Mary Macon</u>	
22. INFORMANT'S NAME AND ADDRESS <u>Robert Macon Yount - S. College Ave. Newton, N.C.</u>			
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: <u>Left pontine infarction</u>			<u>5 days</u>
(b) DUE TO, OR AS A CONSEQUENCE OF: <u>Cerebral arteriosclerotic vascular disease</u>			
(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)
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			19b. IF YES
20a. TIME OF INJURY			19c. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20c. INJURY AT WORK (SPECIFY YES OR NO)		20d. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20e. CITY OR R.F.D. COUNTY STATE
21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>5/4</u> 19 <u>70</u> TO <u>5/9</u> 19 <u>70</u> AND LAST SAW HIM/HER ALIVE ON <u>5/9</u> 19 <u>70</u> DEATH OCCURRED AT <u>7P</u> M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED ABOVE. THE DECEDENT WAS PRONOUNCED DEAD AT _____ M. ON _____ 19 _____	
23a. SIGNATURE OF CERTIFIER <u>Dr. J. Sweet</u>		23b. DEGREE OR TITLE <u>M.D.</u>	23c. DATE SIGNED <u>5/9/70</u>
24a. BURIAL, CREMATION, OTHER (SPECIFY) <u>Removal</u>		24b. DATE <u>5-9-70</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eastview</u>
25. FUNERAL HOME <u>Reynolds</u>		25. NAME ADDRESS <u>Newton N.C.</u>	26. SIGNATURE OF FUNERAL DIRECTOR <u>J. H. Reynolds (cm)</u>
27. DATE REG. BY LOCAL REG. <u>5-13-70</u>		27. SIGNATURE OF REGISTRAR <u>James A. Fungie, M.D. (cm)</u>	28. SIGNATURE OF EMBALMER (IF EMBALMED) <u>William O. Richards (cm)</u>
			29. LICENSE NO. <u>403</u>
			30. LICENSE NO. <u>955</u>

DECEASED

PARENTS

STATE BOARD OF HEALTH COPY

CAUSE

CERTIFIER

BURIAL

FORM 8 REV. 1-68 1-68-150M

1800

H337

5-9-70