

JUL - 8 1968

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

19155

REGISTRATION DISTRICT NO. 13-80 LOCAL NO. _____TYPE, OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED FIRST MIDDLE LAST BESS THOMPSON WAUCHOPE						2. DATE OF DEATH (MONTH, DAY, YEAR) 6/7/68			
3. SEX F	4. COLOR OR RACE W	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) N.C.		6. DATE OF BIRTH 3/29/1878		7. AGE (IN YEARS LAST BIRTHDAY) 90		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
8a. PLACE OF DEATH COUNTY Cabarrus			8b. CITY OR TOWN Concord N.C.		9a. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE COUNTY N.C. Cabarrus				
8c. NAME OF HOSPITAL OR INSTITUTION 221 Spring St., N.			8d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		9c. CITY OR TOWN Concord		9b. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Rev. W.C. Wauchope			14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		14b. KIND OF BUSINESS OR INDUSTRY Own Home		
12. CITIZEN OF WHAT COUNTRY? USA		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		14b. KIND OF BUSINESS OR INDUSTRY Own Home			
15. FATHER'S NAME James Thompson					16. MOTHER'S MAIDEN NAME Unknown				
17. INFORMANT'S NAME AND ADDRESS Rev. W.C. Wauchope 221 Spring St., N. Concord, N.C.									
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)									
(a) IMMEDIATE CAUSE Cerebral arteriosclerosis								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH unknown	
(b) DUE TO, OR AS A CONSEQUENCE OF Generalized arteriosclerosis								unknown	
(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)									
19a. Arteriosclerotic Heart Disease						19b. AUTOPSY? (YES OR NO) Yes		19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
20c. TIME OF INJURY		MONTH DAY YEAR HOUR		20d. INJURY AT WORK (SPECIFY YES OR NO)		20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		20f. CITY OR R.F.D. COUNTY STATE	
21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 3-76 AND LAST SAW HIM HER ALIVE ON 6-1-68 DEATH					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 H. E. Ernst MD					23b. DATE SIGNED 6-10-68		23c. ADDRESS H. E. Ernst		
24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		24b. DATE 6/9/68		24c. NAME OF CEMETERY OR CREMATORY Oakwood		24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Concord, N.C.			
25. WILKINSON'S		26. SIGNATURE OF REGISTRAR Albert J. Kinard		27. DATE REC'D BY LOCAL REG. 6-10-68		28. SIGNATURE OF FUNERAL DIRECTOR W. Wilkenson		29. LICENSE NO. 283	
25. WILKINSON'S		26. SIGNATURE OF REGISTRAR Albert J. Kinard		27. DATE REC'D BY LOCAL REG. 6-10-68		28. SIGNATURE OF FUNERAL DIRECTOR W. Wilkenson		29. LICENSE NO. 81	

STATE BOARD OF HEALTH COPY

CAUSE

CERTIFIER

BURIAL

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