

AUG 7 1975  
 REGISTRATION DISTRICT NO. 013-80 LOCAL NO. \_\_\_\_\_

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

**23699**

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED: **William Crawford Wauchope** DATE OF DEATH: **July 27, 1975**

2. SEX: **Male** 3. COLOR OR RACE: **White** 4. STATE OF BIRTH: **West Virginia** 5. DATE OF BIRTH: **September 4, 1880** 6. AGE ON YEARS LAST BIRTHDAY: **94**

7. PLACE OF DEATH: **Cabarrus** 8. CITY OR TOWN: **Concord** 9. USUAL RESIDENCE: **North Carolina** 10. COUNTY: **Cabarrus**

11. NAME OF HOSPITAL OR INSTITUTION: **Cabarrus Memorial Hospital** 12. INSIDE CITY LIMITS: **Yes** 13. CITY OR TOWN: **Concord**

14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Widowed** 15. SURVIVING SPOUSE: \_\_\_\_\_ 16. STREET ADDRESS OR R.F.D. NO.: **166 Union Street, N.** 17. INSIDE CITY LIMITS: **Yes**

18. CITIZEN OF WHAT COUNTRY?: **U S A** 19. USUAL OCCUPATION: **Retired** 20. KIND OF BUSINESS OR INDUSTRY: **Minister**

21. FATHER'S NAME: **J. W. Wauchope** 22. MOTHER'S MAIDEN NAME: **Kate Kendrick**

DECEASED  
 I-N

PARENTS  
 VITAL RECORDS COPY

23. INFORMANT'S NAME AND ADDRESS: **Mrs. T. N. Renshaw - Route 6, Box 107 - Hendersonville, N. C. 28739**

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

(a) IMMEDIATE CAUSE: **Sepsis, Cause undetermined** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **10 days**

(b) DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_

(c) DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_

18. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(S), STATING THE UNDERLYING CAUSE LAST: \_\_\_\_\_

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. **Arteriosclerotic cerebrovascular disease, Debility due to age** 19b. AUTOPSY? (YES OR NO): **No** 19c. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: \_\_\_\_\_

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): \_\_\_\_\_ 20b. DESCRIBE HOW INJURY OCCURRED: \_\_\_\_\_

20c. TIME OF INJURY: \_\_\_\_\_ 20d. INJURY AT WORK (SPECIFY YES OR NO): \_\_\_\_\_ 20e. PLACE OF INJURY: \_\_\_\_\_ 20f. CITY OR R.F.D.: \_\_\_\_\_ 20g. COUNTY: \_\_\_\_\_ 20h. STATE: \_\_\_\_\_

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM **7-19-75** TO **7-27-75** AND LAST SAW HIM HER ALIVE ON **7-25-75** DEATH

21. OCCURRED AT **425P** ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

22a. SIGNATURE OF CERTIFIER: **[Signature]** 22b. DATE SIGNED: **7-28-75** 22c. ADDRESS: **865 N. Church St. Concord, N.C.**

State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.

BURIAL

23a. BURIAL, CREMATION, OTHER (SPECIFY): **Burial** 23b. DATE: **7-29-75** 23c. NAME OF CEMETERY OR CREMATORY: **Oakwood Cemetery** 23d. LOCATION (CITY, TOWN, OR COUNTY) (STATE): **Concord, N. C.**

24. FUNERAL HOME: **Wilkinson Funeral Home - Concord, N. C.** 25. SIGNATURE OF FUNERAL DIRECTOR: **[Signature]** 26. LICENSE NO.: **281**

27. DATE REC'D BY LOCAL REG.: **7-29-75** 28. SIGNATURE OF REGISTRAR: **[Signature]** 29. LICENSE NO.: **1395**

DHS 1872  
 FORM 8  
 REV. 1-68  
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