MAR 6 - 1969

[redacted]

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

5753

3400

REGISTRATION DISTRICT NO. 34-95 LOCAL NO. 334

TYPE, OR PRINT IN PERMANENT BLACK INK

400

1-9

2

DECEASED

1. NAME OF DECEASED (FIRST, MIDDLE, LAST): Clarence Cornelius Neal
2. DATE OF DEATH (MONTH, DAY, YEAR): Feb. 16, 1969
3. SEX: Male
4. COLOR OR RACE: White
5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): North Carolina
6. DATE OF BIRTH: Dec. 25, 1911
7. AGE (IN YEARS LAST BIRTHDAY): 57 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HOURS: HOURS / MIN.

PLACE OF DEATH
- 8a. COUNTY: Forsyth
- 8b. CITY OR TOWN: Winston Salem
- 8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER): Forsyth Memorial Hospital
- INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
- 9a. STATE: North Carolina
- 9b. COUNTY: Forsyth
- 9c. CITY OR TOWN: Kernersville
- 9d. STREET ADDRESS OR R.F.D. No.: Route # 6
- 9e. INSIDE CITY LIMITS (SPECIFY YES OR NO): No

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Opal Dean Neal
12. CITIZEN OF WHAT COUNTRY?: USA
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Western Electric Co
14b. KIND OF BUSINESS OR INDUSTRY:

PARENTS

15. FATHER'S NAME: J. M. Neal
16. MOTHER'S MAIDEN NAME: Miranda Pegram

17. INFORMANT'S NAME AND ADDRESS: Mrs. Opal Neal Rt. # 6 Kernersville N. C. 27284

STATE BOARD OF HEALTH COPY

CAUSE

H123 ✓

18. PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- (a) IMMEDIATE CAUSE: Cardiac Arrest
- CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(a), STATING THE UNDERLYING CAUSE LAST
- (b) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease
- (c) DUE TO, OR AS A CONSEQUENCE OF:

19a. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):
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 (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20c. TIME OF INJURY: MONTH DAY YEAR HOUR M.
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

CERTIFIER

2

Permit issued

Date

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM ________ 19__ TO ________ 19__ AND LAST SAW HIM/HER ALIVE ON ________ 19__, DEATH OCCURRED AT ____ 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 11:00 PM ON 16 Feb 19 69

23a. SIGNATURE OF CERTIFIER: [illegible] M.D. — DEGREE OR TITLE
23b. DATE SIGNED: Feb 69
23c. ADDRESS: 262 N. [illegible]

BURIAL

24a. BURIAL, CREMATION, OTHER (SPECIFY): Burial
24b. DATE: 2-18-1969
24c. NAME OF CEMETERY OR CREMATORY: Oaklawn Memorial Gardens
LOCATION (CITY, TOWN, OR COUNTY) (STATE): Winston-Salem N.C.

25. FUNERAL HOME NAME ADDRESS: Lain-Bartlett Kernersville N.C.
26. SIGNATURE OF FUNERAL DIRECTOR: Richard Lain
LICENSE NO.: 2140

27. DATE REC'D BY LOCAL REG.: 2-19-69
28. SIGNATURE OF REGISTRAR: James A. Finger, M.D. [illegible]
29. SIGNATURE OF EMBALMER (IF EMBALMED):
LICENSE NO.

FORM 8 REV. 1-68 1-68—150M