OCT 8 1962

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

25872

REGISTRATION DISTRICT NO. 07-00 REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

THIS COPY FOR STATE BOARD OF HEALTH

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if inquest was held).

1. PLACE OF DEATH — a. COUNTY: Beaufort — b. TOWNSHIP: Bath — c. LENGTH OF STAY (in 1a): Lifetime
d. CITY OR TOWN: Bath, N.C. — Is Place of Death Within City Limits? YES [X] NO [ ]
e. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bath, N.C.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — a. STATE: N.C. — b. COUNTY: Beaufort
c. CITY OR TOWN: Bath, N.C. — Is Place of Residence: In City Limits? YES [X] NO [ ] — On a Farm? YES [ ] NO [ ]
d. STREET ADDRESS or R. F. D. NO.: Bath, N.C.

3. NAME OF DECEASED (Type or Print): First: Halston — Middle: Gray — Last: Wingate
4. DATE OF DEATH: Month: Sept. — Day: 24, — Year: 19 62

5. SEX: Male — 6. COLOR OR RACE: White — 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — 8. DATE OF BIRTH: Sept. 24, 1922 — 9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months: 0 Days: 0 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): N.C. Beaufort Co. — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Braxton A. Wingate Sr. — 14. MOTHER'S MAIDEN NAME: Eva Gurganus — NAME OF HUSBAND OR WIFE: Myra Whorton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT'S NAME AND ADDRESS: Mrs. Myra Whorton Wingate, Bath, N.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Injuction & Cardiac arrest — few Minutes

ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a): 4201 ✓

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ] — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY: MONTH, DAY, YEAR HOUR M. — 20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY OR TOWNSHIP COUNTY STATE

21. *I attended the deceased from* Sept 19 61 *to* present 19 *and last saw her/him alive on* about July 19 62.
Death occurred at 9:45 p.m. *on the date stated above; and to the best of my knowledge from the causes stated.*

22a. SIGNATURE: Clark Robson (Doctor's title): MD — 22b. ADDRESS: Washington N.C. — 22c. DATE SIGNED: 9/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify): R-Burial — 23b. DATE: 9/26/1962 — 23c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery — 23d. LOCATION (City, town, or county) (State): Washington, N.C.

24. DATE REC'D BY LOCAL REG.: 9-25-62 — 25. REGISTRAR'S SIGNATURE: [illegible] MD & R — 26. FUNERAL DIRECTOR — ADDRESS: Paul Funeral Home, Washington, N.C.

FORM 8
Rev. 1-56

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