

JUN 6 1967

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

16256

REGISTRATION DISTRICT NO. 57-00 REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Funeral Director 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

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's Signature: Billy Bent Potts
License # 1784
Registrar's Signature: Thomas Lee Tucker
License # 1204

Form 9A Issued 5/15/67
Date
Burial Permit Issued 5/15/67
Date
Fol 8
Rev. 1-62
7-63 100M

1. PLACE OF DEATH a. COUNTY <u>Macon</u> b. TOWNSHIP <u>Franklin</u> c. LENGTH OF STAY (in 1a)			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u> b. COUNTY <u>Macon</u>		
d. CITY OR TOWN <u>Franklin</u> In Place of Death Within City Limits? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no			e. CITY OR TOWN <u>Franklin</u> In Place of Residence In City Limits? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no On a Farm? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
f. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Angel's Clinic</u>			d. STREET ADDRESS OR R. F. D. NO. <u>Rt. # 4</u>		
3. NAME OF DECEASED (Type or Print) First <u>General</u> Middle <u>Jack</u> Last <u>Frady</u>			4. DATE OF DEATH Month <u>5-</u> Day <u>13-</u> Year <u>1967</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-4-1882</u>	9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner & Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Macon County, N. C.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13. FATHER'S NAME <u>John Frady</u>		14. MOTHER'S MAIDEN NAME <u>Carolyn Scroggs</u>		NAME OF HUSBAND OR WIFE <u>Amanda Tallent</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <u>N. C. Mrs. Glen Tallent, Rt. # 3 Franklin,</u>	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prostatic Obstruction</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause: <u>of trauma</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>610X</u> ✓					19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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 <u>M</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>5-2-</u> <u>67</u> to <u>5-13-</u> <u>67</u> and last saw him alive on <u>5-13-</u> <u>67</u> Death occurred at <u>5:30</u> on the date stated above, and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree of title)		22b. ADDRESS <u>Franklin, N.C.</u>		22c. DATE SIGNED <u>5-16-67</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-15-1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lotia Baptist Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rt. # 3 Franklin, N. C.</u>
24. DATE REC'D BY LOCAL REG. <u>May 29, 1967</u>		25. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL HOME ADDRESS <u>Potts Franklin, N. C.</u>	