

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

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).

THIS COPY FOR STATE BOARD OF HEALTH

FORM 8
Rev. 1/40

FEB 19 1953

Birth No. 132

FEB 3 1953 75

REGISTRATION DISTRICT NO. 8161

REGISTRAR'S CERTIFICATE NO. D-1389

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

4694

1. PLACE OF DEATH a. COUNTY Rutherford		b. TOWNSHIP Rfdton	c. LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C. b. COUNTY Polk			
d. CITY OR TOWN Rutherfordton, N. C.		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Rutherfordton, N. C.		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rutherford Hospital				d. STREET ADDRESS OR R. F. D. NO. Rt. # 2			
3. NAME OF DECEASED a. (First) John			b. (Middle) Mooney	c. (Last) Brian	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH June 13, 1864	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Prospect, S. C.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Not known				14. MOTHER'S MAIDEN NAME Not known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS John M. Brian, 751 N. Riley, Indianapolis			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 331X		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY Fracture simple femur (neck) rt.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-28-52, to 1-2-53, 19, that I last saw the deceased alive on 1-2-53, 19, and that death occurred at 11:40 a.m. from the causes and on the date stated above.							
23a. SIGNATURE Harry H. Hendrich			(Degree or title) M. D.		23b. ADDRESS Rutherfordton, N. C.		23c. DATE SIGNED 1-8-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-6-53	24c. NAME OF CEMETERY OR CREMATORY New Prospect		24d. LOCATION (City, town, or country) (State) South Carolina		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE IAN 16 1953		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS McFarland & Kester Rutherfordton, N.C.			