

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

6449

MAR 7 1968

REGISTRATION DISTRICT NO. 60-95

REGISTRAR'S CERTIFICATE NO. 126

1. PLACE OF DEATH COUNTY Mecklenburg		b. TOWNSHIP		c. LENGTH OF STAY (in la)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
d. CITY OR TOWN Charlotte		In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. STATE S. C.		h. COUNTY Cherokee	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Memorial		c. CITY OR TOWN Gaffney		In Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>	
f. STREET ADDRESS or R. F. D. NO. 408 Rutledge Ave.		3. NAME OF DECEASED (Type or Print) First Middle Last GEORGE OVERTON SIMMONS, SR.		4. DATE OF DEATH Month Day Year Feb. 17, 1968			

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/10/1892	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Textile machinery	11. BIRTHPLACE (State or foreign country) Rutherford Co., N.C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George O. Simmons	14. MOTHER'S MAIDEN NAME Ida Davis	NAME OF DECEASED'S WIFE Erlene Martin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 249-07-2968-A	17. INFORMANT'S NAME AND ADDRESS Mrs. Ray Mabry, Gaffney, S.C.	

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

PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinoma of the pancreas with extensive metastases	symptoms 3 1/2 weeks
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)

1579- a) anemia b) Post-operative pneumonia c) Post-op ileus	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. 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 M	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 1/18/68 to 2/17/68, and last saw him alive on 2/17/68	22. SIGNATURE M. D. Charlotte, N. C.	23. DATE SIGNED
24. BURIAL PERMIT Burial 2/18/68	25. NAME OF CEMETERY OR CREMATORY Oakland	26. LOCATION (City, town, or county) (State) Gaffney, S.C.

27. DATE REC'D BY LOCAL FEB 26 1968	28. REGISTRAR'S SIGNATURE M. D.	29. FUNERAL HOME ADDRESS Shuford-Hatcher Co., Gaffney, S.C.
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THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's Signature
License #
Embalmer's Signature
License #
Form 9A Issued
Date
Burial Permit Issued
Date Form 8 Rev. 1-62 7-63 100M

MEDICAL CERTIFICATION
W. N. Poole
867

XA 300
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.