

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

MAR 5 1970  
REGISTRATION DISTRICT NO. 84-80 LOCAL NO. 44

7435 ✓

*2072 Army - Martin*

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED <b>RICHARD MAUNEY</b>		2. DATE OF DEATH <b>2/6/1970</b>	
3. SEX <b>M.</b>	4. COLOR OR RACE <b>W.</b>	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>N.C.</b>	6. DATE OF BIRTH <b>1/26/1920</b>
7. AGE (IN YEARS LAST BIRTHDAY) <b>50</b>		8. IF UNDER 1 YEAR MONTHS DAYS	9. IF UNDER 24 HOURS HOURS MIN.
10. PLACE OF DEATH COUNTY <b>STANLY</b> CITY OR TOWN <b>ALBEMARLE</b>		11. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE <b>N.C.</b> COUNTY <b>STANLY</b>	
12. NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. STANLY CO. HOSPITAL</b>		13. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>YES</b>	
14. CITY OR TOWN <b>ALBEMARLE</b>		15. STREET ADDRESS OR R.F.D. No. <b>602 GRAHAM ST.</b>	
16. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>YES</b>		17. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
18. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>		19. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>RACHEL GRAY</b>	
20. SOCIAL SECURITY NUMBER <b>Unknown</b>		21. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>TEXTILE</b>	
22. KIND OF BUSINESS OR INDUSTRY		23. FATHER'S NAME <b>OLIVER MAUNEY</b>	
24. MOTHER'S MAIDEN NAME <b>LUCY DRY</b>		25. INFORMANT'S NAME AND ADDRESS <b>MRS. RACHEL D. MAUNEY 602 GRAHAM ST. ALBEMARLE, N.C.</b>	
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE <b>ACUTE MYOCARDIAL INFARCTION</b>			<b>INSTANTANEOUS</b>
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY? (YES OR NO) <b>NO</b>
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. TIME OF INJURY			20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20c. INJURY AT WORK (SPECIFY YES OR NO)		20d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	20e. CITY OR R.F.D. COUNTY STATE
21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ TO _____		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	
23. OCCURRED AT _____ M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		24. ABOVE, THE DECEDENT WAS PRONOUNCED DEAD AT <b>8:15 P. 6 FEB 70</b>	
25. SIGNATURE OF CERTIFIER <b>[Signature]</b>		26. ADDRESS <b>30 YADKIN STREET ALBEMARLE, N.C.</b>	
27. DEGREE OR TITLE <b>M.D.</b>		28. DATE SIGNED <b>9 FEB 70</b>	
29. BURIAL, CREMATION, OTHER (SPECIFY) <b>BURIAL</b>		30. DATE <b>2/9/1970</b>	
31. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW MEM. PARK</b>		32. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>ALBEMARLE, N.C.</b>	
33. FUNERAL HOME <b>HARTSELL, ALBEMARLE, N.C.</b>		34. SIGNATURE OF FUNERAL DIRECTOR <b>[Signature]</b>	
35. DATE REC'D BY LOCAL REG. <b>FEB 9 - 1970</b>		36. SIGNATURE OF EMBALMER (IF EMBALMED) <b>[Signature]</b>	
37. SIGNATURE OF REGISTRAR <b>[Signature]</b>		38. LICENSE NO. <b>1271</b>	
39. SIGNATURE OF EMBALMER (IF EMBALMED)		40. LICENSE NO. <b>470</b>	

STATE BOARD OF HEALTH COPY

*H107*

CERTIFIER

BURIAL