

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

MAY 3 1970
REGISTRATION DISTRICT NO. 29-00 LOCAL NO. _____

12753

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED FIRST MIDDLE LAST Carl Grady Ray Sr.			2. DATE OF DEATH MONTH, DAY, YEAR April 2, 1970			
3. SEX Male	4. COLOR OR RACE White	5. STATE OF BIRTH North Carolina	6. DATE OF BIRTH January 31, 1889	7. AGE 81	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS HOURS MIN.
8a. COUNTY Davidson		8b. CITY OR TOWN Lexington	9a. STATE North Carolina		9b. COUNTY Stokes	
8c. NAME OF HOSPITAL OR INSTITUTION The Haven Nursing Home		8d. INSIDE CITY LIMITS NO	9c. CITY OR TOWN Walnut Cove,		9e. INSIDE CITY LIMITS Yes	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		11. SURVIVING SPOUSE Berchie Dunlap		14a. STREET ADDRESS OR R.F.D. No. Summit Street		14b. INSIDE CITY LIMITS Yes
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. SOCIAL SECURITY NUMBER 242-01-1386	14a. USUAL OCCUPATION Stokes County Sheriff		14b. KIND OF BUSINESS OR INDUSTRY Retired	

DECEASED

PARENTS

15. FATHER'S NAME William Powell Ray	16. MOTHER'S MAIDEN NAME Marrietta Burge
17. INFORMANT'S NAME AND ADDRESS Mrs. Berchie Dunlap Ray, Summit Street, Walnut Cove, North Carolina 27052	

STATE BOARD OF HEALTH COPY

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE Coronary occlusion		sudden
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19b. AUTOPSY? NO	19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. Generalized arteriosclerosis			
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20c. TIME OF INJURY	20d. INJURY AT WORK (SPECIFY YES OR NO)	20e. PLACE OF INJURY (OFFICE BLDG., ETC. (SPECIFY))	20f. CITY OR R.F.D. COUNTY STATE

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 7/14 19 69 TO 4/2 19 70 AND LAST SAW HIM/HER ALIVE ON 4/2 19 70 DEATH OCCURRED 8:05 a.m. THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		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 ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT M. ON 19	
23a. SIGNATURE OF CERTIFIER C. F. Bynum	23b. DEGREE OR TITLE MD	23c. DATE SIGNED 4-9-70	23d. ADDRESS Lexington, NC

BURIAL

24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b. DATE 4/4/1970	24c. NAME OF CEMETERY OR CREMATORY Highland Memorial Park	24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Walnut Cove, N. C.
25. FUNERAL HOME Burroughs Walnut Cove, N. C.	26. SIGNATURE OF FUNERAL DIRECTOR	27. DATE REC'D BY LOCAL REG. 4-9-70	
28. SIGNATURE OF REGISTRAR Summit John MD	29. SIGNATURE OF EMBALMER (IF EMBALMED) C. F. Bynum	LICENSE NO. 189 1171	