AUG 5 1960

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

22265

REGISTRATION DISTRICT NO. 98-50 REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

0

350

Type or write legibly. Use black ink.

2

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).

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FORM 8
Rev. 1-56

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH — a. COUNTY: Wilson — b. TOWNSHIP: Wilson — c. LENGTH OF STAY (in 1a): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — a. STATE: N.C. — b. COUNTY: Wilson

d. CITY OR TOWN: Wilson — Is Place of Death Within City Limits? YES [X] NO [ ]

c. CITY OR TOWN: Wilson — Is Place of Residence: In City Limits? YES [X] NO [ ] On a Farm? YES [ ] NO [ ]

e. (If in hospital or institution, give street address or location) NAME OF HOSPITAL OR INSTITUTION: Woodard Herring Hospital

d. STREET ADDRESS or R. F. D. NO.: 503 West Kenan Street

3. NAME OF DECEASED (Type or Print): First: James — Middle: Cleon — Last: Godwin

4. DATE OF DEATH: Month: 7 — Day: 6 — Year: 60

5. SEX: male — 6. COLOR OR RACE: white — 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — 8. DATE OF BIRTH: 3-31-19 — 9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardware Clerk — 10b. KIND OF BUSINESS OR INDUSTRY: Same — 11. BIRTHPLACE (State or foreign country): Johnston Co. N.C. — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Marvin Godwin — 14. MOTHER'S MAIDEN NAME: Bessie Stancil — NAME OF HUSBAND OR WIFE: Nona Creech

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War II — 16. SOCIAL SECURITY NO.: 238-18-3765 — 17. INFORMANT'S NAME AND ADDRESS: Billy Godwin, Wilson, N.C.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Angina Pectoris

ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*

DUE TO (b):

4202 DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Chest and left arm pains Last Morning

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ]

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 M.

20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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* Comatose *to* 19.. *and last saw him alive on* 7/6/60 19..

Death occurred at 2:40 P *m. on the date stated above; and to the best of my knowledge from the causes stated.*

22a. SIGNATURE: [signature] (Degree or title) — 22b. ADDRESS: Wilson N.C. — 22c. DATE SIGNED: 7/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 7-8-60 — 23c. NAME OF CEMETERY OR CREMATORY: Maplewood Cemetery — 23d. LOCATION (City, town, or county) (State): Wilson, N.C.

24. DATE REC'D BY LOCAL REG.: 7-11-60 — 25. REGISTRAR'S SIGNATURE: [signature] — FUNERAL DIRECTOR AND ADDRESS: Grizzard Funeral Home, Kenly, N.C.

Citation:

https://www.familysearch.org/ark:/61903/3:1:3Q9M-C9PL-MS9K-C?view=index