

APR 8 1958

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

7303

REGISTRATION DISTRICT NO. 39-70

REGISTRAR'S CERTIFICATE NO. 71

39
1 1
252
3
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 in-quest was held.

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY Granville		b. TOWNSHIP		c. LENGTH OF STAY (in 1a) 2 Weeks		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE S.C.		b. COUNTY Darlington	
d. CITY OR TOWN Oxford		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Hartsville		Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		On a Farm? 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 Granville Hospital					d. STREET ADDRESS or R. F. D. NO. 1601 College Ave.				
3. NAME OF DECEASED (Type or Print) Minto Kelley Askins			4. DATE OF DEATH March 6, 1958			5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 28, 1873		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Real Estate Business		11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME John D. Askins			14. MOTHER'S MAIDEN NAME Frances Courtney Sarah Johnson Askins			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.			17. INFORMANT'S NAME AND ADDRESS Rev. W.F. Askins, Butner, N.C.			18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH 16 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 MONTH, DAY, YEAR HOUR 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 1-15 , 19 58 , to 3-6 , 19 58 , and last saw her alive on 3-6 , 19 58 . Death occurred at 7:30 a m on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE James R. Perry M.D.				22b. ADDRESS Box 1284 Oxford, S.C.		22c. DATE SIGNED 3-6-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 7, 1958		23c. NAME OF CEMETERY OR CREMATORY Magnolia Cemetery		23d. LOCATION (City, town, or county) (State) Hartsville, S.C.			
24. DATE REC'D BY LOCAL REG. 3-6-58		25. REGISTRAR'S SIGNATURE M. J. Perkinson		26. FUNERAL DIRECTOR ADDRESS Perkinson - Currin Oxford, N.C.					

FORM 8
Rev. 1-58