

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

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

MAR 8 1966

REGISTRATION DISTRICT NO. **31-61** REGISTRAR'S CERTIFICATE NO. **6508**

1. PLACE OF DEATH a. COUNTY Rutherford		b. TOWNSHIP Rutherfordton		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C.		b. COUNTY Rutherford			
d. CITY OR TOWN Rutherfordton, N. C.		In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN Ellenboro		In Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" 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 Rutherford Hospital, Inc.					d. STREET ADDRESS OR R. F. D. NO. Route # 2						
3. NAME OF DECEASED (Type or Print) First Gertrude Middle Callahan Last Dycus			4. DATE OF DEATH Month Feb. Day 2 Year 1966		5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. DATE OF BIRTH 2-19-98		9. AGE (In years last birthday) 67		11. BIRTHPLACE (State or foreign country) N. C.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME John Callahan		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS Onzo Dycus, Ellenboro, N. C., Rt. 2							
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable myocardial infarction ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 ✓								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 OF INJURY MONTH, DAY, YEAR HOUR 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 2-2 , 19 66 to 2-2 , 19 66 and last saw ^{her} _{him} alive on 2-2-66 , 19 66 . Death occurred at 5:00 A m on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE James L. McFarland, M.D. (Degree or title)				22b. ADDRESS Rutherfordton, N. C.				22c. DATE SIGNED 2-2-66			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-3-66		23c. NAME OF CEMETERY OR CREMATORY Bethel		23d. LOCATION (City, town, or county) (State) Ellenboro, N. C.					
24. DATE REC'D BY LOCAL REG. 2-3-66		25. REGISTRAR'S SIGNATURE T. F. Hudson, Jr. M.D.			26. FUNERAL HOME ADDRESS E. N. Washburn, Rt. 2, Bostic, N. C.						

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 the 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.

Fun. Director's Signature
E. N. Washburn
License # **61**

Embalmer's Signature
Willey L. Harrelson, Sr.
License # **947**

Form 9A Issued

Date Burial Permit Issued

Date Form 9 Rev. 1-62 10-65 100M

**GERTRUDE CALLAHAN
DYCUS**

GENDER: FEMALE
RACE: WHITE
AGE: 67
BIRTH DATE: 18 FEB 1898
BIRTH PLACE: NORTH CAROLINA,
UNITED STATES
DEATH DATE: 2 FEB 1966
DEATH LOCATION: RUTHERFORDTON,
RUTHERFORD
SPOUSE'S NAME: CEPHUS ONZO
DYCUS
FATHER'S NAME: JOHN CALLAHAN
RESIDENCE: ELLENBORO,
RUTHERFORD, NORTH CAROLINA