

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

23

FEB 9 1965

CERTIFICATE OF DEATH

360

REGISTRATION DISTRICT NO. 11-00 REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY <u>Buncombe</u>			b. TOWNSHIP <u>Asheville</u>		c. LENGTH OF STAY (in 1a) <u>1 week</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u> b. COUNTY <u>Cleveland</u>				
d. CITY OR TOWN <u>Asheville</u>			In Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Shelby</u>		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 <u>Brentwood</u>						d. STREET ADDRESS or R. F. D. NO. <u>Rt. # 6, Box 237</u>					
3. NAME OF DECEASED (Type or Print) <u>James Abner Dycus</u>				4. DATE OF DEATH Month <u>1</u> Day <u>26</u> Year <u>65</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>4-24-82</u>			9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> Hours <u> </u> Minutes <u> </u>		IF UNDER 24 HOURS: Hours <u> </u> Minutes <u> </u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Highway Comm.</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Roads</u>			11. BIRTHPLACE (State or foreign country) <u>N. C.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Willis Elijah Dycus</u>		14. MOTHER'S MAIDEN NAME <u>Mary J. McMurry</u>		
NAME OF HUSBAND OR WIFE <u>Joanna Allen Dycus</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>238-32-7082</u>		17. INFORMANT'S NAME AND ADDRESS <u>A. C. Dycus, Mars Hill, N. C.</u>				
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), starting with underlying cause <u>Chronic Heart Disease</u> DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>											INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>1 year</u>
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)						
21. TIME OF INJURY: MONTH, DAY, YEAR HOUR <u> </u> <u> </u> <u> </u> <u> </u>			21a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. CITY OR TOWNSHIP <u> </u> COUNTY <u> </u> STATE <u> </u>		21d. I attended the deceased from <u>December 4, 1964</u> to <u>1/26</u> , 19 <u>65</u> , and last saw him alive on <u>1/24</u> , 19 <u>65</u> . Death occurred at <u> </u> on the date stated above; and to the best of my knowledge from the causes stated.		
22. SIGNATURE (Type or Print) <u>W. J. Harris, M.D.</u>			22a. ADDRESS (Degree or title) <u>Biltmore, N.C.</u>		22b. DATE SIGNED <u>1-28-65</u>		23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23a. DATE <u>1-26-65</u>		
23b. NAME OF CEMETERY OR CREMATORY <u>Harris Funeral Home,</u>			23c. LOCATION (City, town, or county) (State) <u>Kings Mountain, N. C.</u>		24. DATE REC'D BY LOCAL REG. <u>1-28-65</u>		25. REGISTRAR'S SIGNATURE <u>N. Stevens, P.D.</u>		26. FUNERAL HOME ADDRESS <u>Morris-Hendon-Black, 140 Merrimon Ave.</u>		

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Registrar, or person acting as such, is responsible for filing the completed certificate with the proper 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.

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's Signature John W. Caldwell

License # 1594

Embalmer's Signature John W. Caldwell

License # 1930

Form 9A Issued

Date Burial Permit Issued 1-26-65

Date Form 8 Ret. 1-62 7-63 100M

JAMES ABNER DYCUS

GENDER: MALE
 RACE: WHITE
 AGE: 82
 BIRTH DATE: 24 APR 1882
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES
 DEATH DATE: 26 JAN 1965
 DEATH LOCATION: ASHEVILLE, BUNCOMBE
 SPOUSE'S NAME: JOANNA ALLEN DYCUS
 FATHER'S NAME: WILLIS ELIJAH DYCUS
 MOTHER'S NAME: MARY J McMURRY
 RESIDENCE: SHELBY, CLEVELAND, NORTH CAROLINA

GRANDSON OF
 ABNER GREENE DYCUS &
 SUSANNAH DIGH