

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

FEB 8 1960

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

2783

REGISTRATION DISTRICT NO. **81-00** REGISTRAR'S CERTIFICATE NO. _____

1. PLACE OF DEATH a. COUNTY <i>Rutherford, Co. Springs</i>		b. TOWNSHIP _____		c. LENGTH OF STAY (in 1s) _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>N.C.</i> b. COUNTY <i>Rutherford</i>			
d. CITY OR TOWN <i>Forest City R-3</i>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Forest City</i>		Is 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 <i>American Rest Home</i>				d. STREET ADDRESS or R. F. D. NO. <i>RFD 3, NC</i>					
3. NAME OF DECEASED (Type or Print) <i>Johnie (m-n) Dycus</i>			4. DATE OF DEATH Month <i>Jan</i> Day <i>16</i> Year <i>1960</i>						
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 10 1880</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>22</i> Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Rutherford County, N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>A.C. Codgell</i>			14. MOTHER'S MAIDEN NAME <i>Nancy Jones</i>		NAME OF HUSBAND OR WIFE <i>W.E. Dycus</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S NAME AND ADDRESS <i>Floyd Hughes R-3 Ellerbe NC</i>					

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *To B Pneumonia*

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

DUE TO (b) *Hypertension + Arteriosclerosis*

DUE TO (c) *Diabetes*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
H44X

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 _____

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 *1/16/60* to *1/16/60* and last saw her alive on *1/16/60*.
Death occurred at *7:58 PM* on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE *W. H. ...* (Degree or title) _____

22b. ADDRESS *Forest City NC*

22c. DATE SIGNED *1/21/60*

23a. BURIAL, CREMATION, REMOVAL (Specify) *burial*

23b. DATE *Jan 18-60*

23c. NAME OF CEMETERY OR CREMATORY *Walls*

23d. LOCATION (City, town, or county) (State) *near Ellerbe NC*

24. DATE REC'D BY LOCAL REG. *JAN 21 1960*

25. REGISTRAR'S SIGNATURE *Ann B. Lane*

26. FUNERAL DIRECTOR ADDRESS *Emm ... Rutherford, NC*

JOHNIE CODGELL DYCUS

GENDER: FEMALE
 RACE: WHITE
 AGE: 79
 BIRTH DATE: 10 OCT 1880
 BIRTH PLACE: RUTHERFORD, NORTH CAROLINA, UNITED STATES
 DEATH DATE: 16 JAN 1960
 DEATH LOCATION: FOREST R-3, RUTHERFORD
 SPOUSE'S NAME: W E DYCUS
 FATHER'S NAME: A C CODGELL
 MOTHER'S NAME: NANCY JONES
 RESIDENCE: FOREST, RUTHERFORD, NORTH CAROLINA