

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

18

AUG 6 1968

REGISTRATION DISTRICT NO. **60-95** LOCAL NO. **1548**

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

24351

TYPE OR PRINT IN PERMANENT BLACK INK

324

DECEASED

NAME OF DECEASED: **SUDIE OLLIE METCALF**

DATE OF DEATH: **JULY 18, 1968**

SEX: **FEMALE** COLOR OR RACE: **WHITE** STATE OF BIRTH: **N. C.** DATE OF BIRTH: **FEB. 22, 1889** AGE IN YEARS LAST BIRTHDAY: **79**

PLACE OF DEATH: COUNTY: **MECKLENBURG** CITY OR TOWN: **CHARLOTTE** STATE: **N. C.** COUNTY: **MECKLENBURG**

NAME OF HOSPITAL OR INSTITUTION: **3732 COMMONWEALTH AVE.** INSIDE CITY LIMITS: **YES** CITY OR TOWN: **CHARLOTTE**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **WIDOWED** SURVIVING SPOUSE: **GEORGE METCALF** STREET ADDRESS OR R.F.D. No.: **3732 COMMONWEALTH AVE.** INSIDE CITY LIMITS: **YES**

CITIZEN OF WHAT COUNTRY: **U. S. A.** SOCIAL SECURITY NUMBER: **13.** USUAL OCCUPATION: **HOMEMAKER** KIND OF BUSINESS OR INDUSTRY: **OWN HOME**

FATHER'S NAME: **Dock Ware Digh** MOTHER'S MAIDEN NAME: **ROSALINE ROLLINS**

INFORMANT'S NAME AND ADDRESS: **MRS. HOMER FUNDERBURK, 3732 COMMONWEALTH AVE., CHARLOTTE, N. C.**

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR 10a, 10b, 10c

10a. IMMEDIATE CAUSE: **Coronary occlusion**

10b. DUE TO, OR AS A CONSEQUENCE OF: **Chronic atherosclerotic**

10c. DUE TO, OR AS A CONSEQUENCE OF:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **12 hours**

10d. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSAL, STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

19b. AUTOPSY: YES OR NO?

19c. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

20a. TIME OF INJURY: MONTH, DAY, YEAR, HOUR

20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20c. INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) CITY OR R.F.D. COUNTY STATE

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM **Jan 14 68** TO **July 19 68** AND LAST SAW HIM HER ALIVE ON **July 19** 19__ DEATH OCCURRED AT **1548** ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSES STATED ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT **M. ON** 19__

21. SIGNATURE OF CERTIFIER: **[Signature]** 22. CAUSES STATED ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT **M. ON** 19__

23a. SIGNATURE OF CERTIFIER: **[Signature]** 23b. DATE SIGNED: **July 20 68** 23c. ADDRESS: **Charlotte NC**

BURIAL, CREMATION, OTHER (SPECIFY): **BURIAL** DATE: **7-20-68** NAME OF CEMETERY OR CREMATORY: **COOL SPRINGS** LOCATION (CITY, TOWN, OR COUNTY): **FOREST CITY, N.C.**

24a. FUNERAL HOME: **MCGEEN FUNERAL SERVICE** ADDRESS: **727 E. Morehead St., Charlotte, N. C.** SIGNATURE OF FUNERAL DIRECTOR: **[Signature]** LICENSE NO.:

25. DATE RECD BY LOCAL REG: **JUL 22 1968** SIGNATURE OF REGISTRAR: **[Signature]** SIGNATURE OF EMBALMER (IF EMBALMED): **[Signature]** LICENSE NO.:

FORM 3 REV. 1-68 1-68-138A

SUDIE OLLIE METCALF

GENDER: FEMALE
 RACE: WHITE
 AGE: 79
 BIRTH DATE: 22 FEB 1889
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES
 DEATH DATE: 18 JUL 1968
 DEATH LOCATION: CHARLOTTE, MECKLENBURG
 SPOUSE'S NAME: GEORGE METCALF
 FATHER'S NAME: R DOCK WARE DIGH
 MOTHER'S NAME: ROSALINE ROLLINS
 RESIDENCE: CHARLOTTE, MECKLENBURG, NORTH CAROLINA