the second second second DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL CERTIFICATE OF DEATH STATE BIRTH NUMBER STATE FILE NUMBER TYPE he certificate County Health OR PRINT DECEDENT-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Me., Day, Yr.) IN PERMANENT Charlie 3 Ashford Male May 2h. 198) INK RACE -to s , while, Stack, FOR AGE-Lost Birth-UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH IMA., Dar. Ye.I COUNTY OF DEATH INSTRUCTIONS day (Yes.) MCS. HOURS MINS. DAYS SEE Black ゴコ June 28, 1930 70. 55 Fairfield HANDBOOK CITY, TOWN OF LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION-Name IIf not in either, give street and numberi IF HOSP. OR INST. Indicate DOA. ¥ County Registrar OP/Emer. Rm., Inpotient (Service) 7c. Fairfield Memorial Hospital MARRIED, NEVER MARRIED, SURVIVING SPOUSE (If wile, give maiden nome) Winnsboro 74. Inpetient. WAS DECEDENT EVER IN U.S. ARMED FORCES? the DECEDENT やい STATE OF BIRTH (If not in CITIZEN OF WHAT IF DEATH U.S.A., nome country) WIDGWED, DIVORCED (Senter) of tl eid COUNTRY OCCURRED IN timedy for ar Nat 8. S.C. 9. USA 10. Married 11. Mary Johnson USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STITUTION SEE HANDBOOK KIND OF BUSINESS OR INDUSTRY Fairf1 REGARDING 13. 21.8-hh-2592 140. Truck Driver 14b. Quarrying COMPLETION OF RESIDENCE ITEMS. 3 RESIDENCE-STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS llegal c the Fa: Seatily Yes at Nu 15bFairfield 150. S.C. 15c. Winnsboro 130 Rt. 2. Box 420 150. NO FATHER-NAME FIRST MIDDLE LAST MOTHER-MAIDEN NAME FIRST MIDDLE LAST and Charlie Ashford 17. Mary Sr. Jane Pearson INFORMANT-NAME (Type or Print) MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE Zip true 180 Mary Ashford Rt. 2. 120. Box S.C. 29180 Minnsboro records 185 EURIAL, CREMATIC'S. CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE REMOVAL, Other (Specify) 190. Burial ದ 195 St. John Eaptist Church Cemetery Rt. Minnsboro. S.C. 19c. DISPOSITIO is. EMBALMER'S SUGNATURE FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HC. NO. LIC. NO. Ø This 200. Olacar 1010 Ô. 205. \sim mal 0 60 207 20d ATTESTS: Th. filed in th Department. NAME OF FACILITY ADDRESS OF FACILITY NC. NO. 200. O.E. Manigault & Sons 378 P.O. Box 237 Vinnsboro, S.G. 297 22a. On the basis of examination and/or investigation, in my opinion decth occurred of the time, date and place and due to the cause(s) stated. hor. 209. 20180 21a. To the best of my knowledges death accurred ci ine time, date and place and due to the case gran states. ᢧ z Depar è. Completed by ING PHYSICIAL Only Ō tSignature and Linket 15 generates and Table. Dat DATE SIGNED DATE SIGNED IMA . Day. Y. HOUR OF DEATH Complet AL EXAN 111110-01 8 29 4 Y 5 (1 21c 226 21b. 22c. CERUPTER BOO PRONOUNCED DEAD IM. . Day. T. ! NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Howr) To be 224. ON 22c. AT 214 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER OR CORONER) (Type or Print) LIC. NO. 393 NAMORE SC 23Б. 230 DATE RECEIVED BY REGISTRAR (No . Ler. Ye.) REGISTRAR CONDITIONS १५ J ours) Sul a IF ANY WHICH GAVE RISE TO AMEDIATE 240. 18-proture. 🌮 [ENTER ONLY ONE CAUSE PER LINE EOR (a), (b), AND (c).] IMMEDIATE CAUSE 25. Interval between enset and death PART 1 (0) CAUSE DUE TO, OR AS A CONSEQUENCE OF Interval between aniet and draft UNDERLYING CAUSE LAST CUE TO, OP Interval between onset and death was CAUSE OF (c) nditions contributing to dealy but not related to cause given in PART I (a) AUTOPSY (see ... WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Test or Not PART OTHER SIGNIFICAN e Va Cillos 27 HOUR OF ANJURY DESCRIBE HOW INJURY OCCURRED DATE OF INJURY IME Der. " ACC , SUICIDE, HOM UNDET . OR PENDING INVEST Specify 286 M 28d. 285 28a INJURY AT WORK LOCATION STREET OR R.F.D. NO. PLACE OF INJURY-At home, form, street, factory, office building, etc. (Security CITY OR TOWN STATE DHEC-670 289. Rev. 1978 28f. 28e