

Registration District No. 11960 Local Attopfiles.org - Frances Bavier Death Certificate

CERTIFICATE OF DEATH

DECEDENT'S NAME (First, Middle, Last) 1. Frances Elizabeth Bavier		SEX 2. Fem.	DATE OF DEATH (Month, Day, Year) 3. Dec. 6, 1989
SOCIAL SECURITY NUMBER 4. 132 10 0588	AGE - Last Birthday (Years) 5. 86	UNDER 1 YEAR Months Days 6. 12 14	UNDER 1 DAY Hours Minutes 7. 14 00
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) 8. No		DATE OF BIRTH (Month, Day, Year) 9. Dec. 14, 1902	
10. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
FACILITY NAME (If not institution, give street and number) 11. 503 West Elk Street		CITY, TOWN, OR LOCATION OF DEATH 12. Siler City	COUNTY OF DEATH 13. Chatham
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 14. Never Married	SURVIVING SPOUSE (If wife, give maiden name) 15.	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 16. Access	KIND OF BUSINESS/INDUSTRY 17. Television
RESIDENCE - STATE 18a. NC	COUNTY 19a. Chatham	CITY, TOWN, OR LOCATION 19b. Siler City	STREET AND NUMBER 19c. 503 W. Elk Street.
INSIDE CITY LIMITS (Yes or No) 19d. Yes	ZIP CODE 19e. 27344	RACE - American Indian, Black, White, etc. (Specify) 19f. White	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17) 19g. 15
FATHER'S NAME (First, Middle, Last) 17. Charles Bavier		MOTHER'S NAME (First, Middle, Maiden Surname) 18. Mary Birmingham	
INFORMANT'S NAME (Type/Print) 19a. J. Samuel Williams		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. P.O. Box 665, Siler City, NC 27344	

CAUSE OF DEATH

PART I Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

1. Constrictive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF)

2. Myocardial Infarction
DUE TO (OR AS A CONSEQUENCE OF)

3. Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF)

4. Atherosclerosis

20b. Other signs and conditions contributing to death but not resulting in the underlying cause given in Part I

19b. Breast Ca, Arthritis, COPD

COPY

AUTOPSY? (Yes or No) 20a. No	If yes, were findings considered in determining cause of death? 20b.	Was case referred to Medical Examiner? (Yes or No) 21a. No	TIME OF DEATH 21. 1923
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NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

SIGNATURE AND TITLE OF CERTIFIER
22a. [Signature] MD

DATE SIGNED (Month, Day, Year)
22b. 12-7-89

19c. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type or Print)
23. Keith E. McManus, 401 N. Ivey Ave, Siler City, NC 27344

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