

JUL 13 1965

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

20523

REGISTRATION DISTRICT NO. 92-95

REGISTRAR'S CERTIFICATE NO. 504

1. PLACE OF DEATH a. COUNTY <u>Wake</u>		b. TOWNSHIP	c. LENGTH OF STAY (in 1a)	2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>N. C.</u> b. COUNTY <u>Wake</u>		
4. CITY OR TOWN <u>Raleigh</u>		In Place of Death Within City Limits? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		c. CITY OR TOWN <u>Raleigh</u>		In Place of Residence In City Limits? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wake County Memorial Hospital</u>				d. STREET ADDRESS OR R. F. D. NO. <u>Rt-6</u>		
3. NAME OF DECEASED (Type or Print) First <u>George</u> Middle <u>Theodore</u> Last <u>Vallas</u>			4. DATE OF DEATH Month <u>June</u> Day <u>3</u> , Year <u>1965</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>4-2-89</u>	9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Greece</u>
12. FATHER'S NAME <u>George Theodore Vallas</u>		14. MOTHER'S MAIDEN NAME <u>Roxie Riebas</u>		NAME OF HUSBAND OR WIFE <u>Porta Vurnakes</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</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>244-54-5214</u>		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. George Vallas, Box 9942, Raleigh, NC</u>		

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).					INTERVAL BETWEEN ONSET AND DEATH <u>Days</u>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u>					
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERY THROMBOSIS</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u> ✓					18. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
23a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		23b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)			
23c. TIME OF INJURY MONTH, DAY, YEAR HOUR <u>5 P</u>	23d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	23f. CITY OR TOWNSHIP COUNTY STATE <u>L. J. KAASA, M.D.</u>		
21. I attended the deceased from <u>5/30</u> 19 <u>65</u> to <u>6/4</u> 19 <u>65</u> and last saw her/him alive on <u>6/4</u> 19 <u>65</u> . Death occurred at <u>5 P</u> on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <u>William E. Bellamy, Jr. M.D.</u>		22b. ADDRESS <u>209 Bryan Blvd, Raleigh</u>		22c. DATE SIGNED <u>6/9/65</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-5-65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montlawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Raleigh N. C.</u>		
24. DATE REC'D BY LOCAL <u>JUN 10 1965</u>	25. REGISTRAR'S SIGNATURE <u>M. B. Bethel, M.D. mb</u>		26. FUNERAL HOME ADDRESS <u>Brown-Wynne 308 St. Mary's Street</u>		