NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

1074

REGISTRATION DISTRICT NO. 011-95 LOCAL NO. _____

TYPE, OR PRINT IN PERMANENT BLACK INK

DECEASED

1. NAME OF DECEASED — First: Winifred; Middle: Quinn; Last: McCabe
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 30,1978
4. COLOR OR RACE: White
5a. STATE OF BIRTH (If not U.S.A., name country): Nebraska
5b. COUNTY OF BIRTH: Adams
6. DATE OF BIRTH: 6-27-05
7. AGE (In years last birthday): 73
If under 1 year — Months: ; Days:
If under 24 hours — Hours: ; Min.:
8a. PLACE OF DEATH — County: Buncombe
8b. City or Town: Asheville
8c. Name of Hospital or Institution (If not in either, give street and number): 126 Red Oak Rd.
8d. If hosp. or inst. (Specify DOA, OP, or IP): —
8e. Inside City Limits (Specify Yes or No): Yes
9a. RESIDENCE-STATE: N.C.
9b. County: Buncombe
9c. City or Town: Asheville
9d. Street and Number or R.F.D. & Box No.: 126 Red Oak Rd.
9e. Inside City Limits (Specify Yes or No): Yes
10. CITIZEN OF WHAT COUNTRY?: USA
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): John N. McCabe
13. SOCIAL SECURITY NUMBER: 245 36 4129 A
14a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Teacher
14b. KIND OF BUSINESS OR INDUSTRY: Private School
15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

PARENTS

16. FATHER'S NAME: John Quinn
17. MOTHER'S MAIDEN NAME: Johanna Flood

18a. INFORMANT'S NAME AND ADDRESS: John N.McCabe, 126 Red Oak Rd.,Asheville,N.C.
18b. RELATION TO DECEASED: Husband

LOCAL COPY

CAUSE

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

Approximate interval between onset and death

19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(a) IMMEDIATE CAUSE: Carcinoma of liver, metastatic
(b) DUE TO, OR AS A CONSEQUENCE OF: Primary site not determined
(c) DUE TO, OR AS A CONSEQUENCE OF:

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

20a.
20b. AUTOPSY? (Yes or No): NO
20c. If yes, were findings considered in determining cause of death?

21a. ACCIDENT OR NATURAL (Specify):
21b. IF ACCIDENT, DESCRIBE (Enter nature of injury in part I or part II, item 18):
21c. TIME OF ACCIDENT (Month, Day, Year, AM, PM):
21d. PLACE OF ACCIDENT (At home, farm, street, factory, office bldg., etc. (Specify)):
21e. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No):

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

CERTIFIER

22. CERTIFICATION—PHYSICIAN I ATTENDED THE DECEASED FROM 2-2-73 TO 6-30-78 AND LAST SAW HIM/HER ALIVE ON 6-30-78. DEATH OCCURRED AT 5:45 A. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.
22a. NAME AND TITLE OF CERTIFIER (Type or Print): Irby Stephens,M.D.
22b. SIGNATURE OF CERTIFIER: Irby Stephens,M.D.
22c. DATE SIGNED: 7-3-78
22d. ADDRESS: Asheville,N.C.

BURIAL

24a. BURIAL, CREMATION, OTHER (Specify): Burial
24b. DATE: 7-2-78
24c. NAME OF CEMETERY OR CREMATORY: Lewis Mem. Prk.
24d. LOCATION (City, Town, or County) (State): Asheville,N.C.
25. FUNERAL HOME — Name, Address: Groce, Asheville,N.C.
26. SIGNATURE OF FUNERAL DIRECTOR: W.H.Groce, Jr.
LICENSE NO.: 2977
27a. DATE REC'D BY LOCAL REG.: 7-5-78
27b. SIGNATURE OF REGISTRAR: James B.Tenney,M.D.,Dr PH
28. SIGNATURE OF EMBALMER (If embalmed): Robert J.Hembree
LICENSE NO.: 297

DHS 1895
Form 11
Rev. 1/78

Book 65, Page 1074, File Number