

15220

VOL 1224 PAGE 229

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CERTIFICATE OF DEATH

STATE OF SOUTH CAROLINA  
STATE FILE NUMBER 61 001020

DECEASED - NAME <b>FREDIE HUNPHRIES</b>		MIDDLE <b>HUNPHRIES</b>		LAST <b>BRIDGES</b>		SEX <b>Female</b>		DATE OF DEATH <b>2/19/81</b>	
STATE BIRTH NUMBER <b>33-19-25775</b>		AGE - LAST BIRTHDAY <b>61</b>		UNDECEASED YEAR <b>1919</b>		DATE OF BIRTH <b>1/11/19</b>		COUNTY OF DEATH <b>Greenville</b>	
CITY, TOWN OR LOCATION OF DEATH <b>Greenville</b>		CITIZEN OF WHAT <b>USA</b>		MARRIED, NEVER MARRIED, WIDOWED, SEPARATED <b>Never married</b>		SURVIVING SPOUSE (if wife, give maiden name) <b>HARRY D. BRIDGES</b>		HOSPITAL OR OTHER INSTITUTION - Name (if not in other, give street and number) <b>St. Francis Community Hospital</b>	
SOCIAL SECURITY NUMBER <b>210-07-8331</b>		USUAL OCCUPATION (give kind of work done during life, even if retired) <b>Secretary</b>		STREET AND NUMBER <b>17 N. Florida Ave.</b>		CITY, TOWN OR LOCATION <b>Greenville</b>		ZIP CODE <b>29601</b>	
RESIDENCE - STATE <b>S. C.</b>		COUNTY <b>Greenville</b>		MORTIS - MAJORITY NAME <b>William Barto</b>		MIDDLE <b>Humphries</b>		LAST <b>Belle Lewis</b>	
PATIENT <b>HARRY D. BRIDGES</b>		BURIAL - NAME (if not in other) <b>William Barto</b>		MIDDLE <b>Humphries</b>		LAST <b>Belle Lewis</b>		CITY, TOWN OR LOCATION <b>Greenville, S. C.</b>	
DISPOSITION <b>Thomas McJee Funeral Home</b>		BURIAL - CEMETERY OR CREMATOR - NAME <b>Graceland Cemetery</b>		FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Thomas McJee Funeral Home</b>		LIC NO. <b>296</b>		LIC NO. <b>1362</b>	
CERTIFICATE <b>McWilliams</b>		DATE SIGNED <b>1-22-81</b>		NAME OF ATTENDING PHYSICIAN (if other than coroner) <b>McWilliams</b>		HOURS OF DEATH <b>3:35 A.M.</b>		HOURS OF DEATH <b>3:35 A.M.</b>	
REGISTERED <b>R. W. Penick, M.D.</b>		NAME AND ADDRESS OF CRIMINAL, MEDICAL EXAMINER OR CORONER (if not in other) <b>R. W. Penick, M.D. &amp; Medical Director Greenville</b>		LIC NO. <b>296</b>		LIC NO. <b>302</b>		DATE RECEIVED BY REGISTRAR <b>Jan. 26, 1981</b>	
CONDITIONS WHICH MAY BE TO BE REPORTED TO THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL <b>Respiratory infection</b>		PART IMMEDIATE CAUSE <b>Respiratory infection</b>		PART NO. OR AS A COMPOUND OF <b>36</b>		PART NO. OR AS A COMPOUND OF <b>36</b>		PART NO. OR AS A COMPOUND OF <b>36</b>	
CAUSE OF DEATH <b>Respiratory infection</b>		PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not necessary to have listed in Part 1 (a) <b>Chronic obstructive pulmonary disease, chronic bronchitis, emphysema</b>		PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not necessary to have listed in Part 1 (a) <b>Chronic obstructive pulmonary disease, chronic bronchitis, emphysema</b>		PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not necessary to have listed in Part 1 (a) <b>Chronic obstructive pulmonary disease, chronic bronchitis, emphysema</b>		PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not necessary to have listed in Part 1 (a) <b>Chronic obstructive pulmonary disease, chronic bronchitis, emphysema</b>	

ATTEST: This is a true and correct copy of the Certificate of Death as reported to the Greenville County Health Department

SEP 29 1981

*[Signature]*

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