UNITED STATES OF AMERICA
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT AND INSURANCE PROGRAMS
WASHINGTON, D.C. 20415

12/08/80

CGI:ST:1a
CSI 383 954
673 459

Department of Transportation
US Coast Guard
Lighthouse Service Retirement System
Attn: R. L. Barton/Chief, Civilian Personnel Div.
500 7th St., SW
Washington DC 20590

NAME OF FORMER EMPLOYEE	
Austin, George W	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH	DATE OF DEATH
03/18/97	[redacted] 06/27/79
NAME AND ADDRESS OF LAST EMPLOYING AGENCY	
DOT	

AUDIT OF PAID LIFE INSURANCE CLAIM

The Office of Federal Employees Group Life Insurance has paid a claim on account of the death or dismemberment of the former employee named above. Please provide the information requested below within 30 days so that we may complete an audit of the paid claim.

Employee Service and Records Center

1. Date of Retirement/Separation/Accident (Month, Day, Year)	2. Type of Separation	3. Was the former employee on Employee's Compensation at the time of separation?
Dec. 31, 1954	☒ Retirement ☐ Other (Specify) ☐ Death	☐ Yes ☒ No

4. Title of Position	5. Grade
Keeper	N/A

6. Type of Appointment	7. Nature of Employment
☐ Limited to 1 year or less ☒ Any other type	☒ Full time ☐ Part time ☐ Other (Specify) ☐ W.A.E. ☐ Hours per annum

8. Basic salary rate on the date of last separation (Show whether rate is per annum, per diem, per hour, piece work, etc.) Identify any premium pay or special pay scales.	9. If separation occurred prior to 09/23/59, please provide pay rate on the 65th birthday if prior to retirement or separation.
$ 3324.96 per annum	$ per

10. In case you do not have all of the information we have requested please complete one of the following:

☐ Your inquiry has been forwarded to the address shown below:
☐ Your inquiry is returned. It should be sent to the agency whose address is shown below:

Signature	Title	Date
ROY L. BARTON	Chief, Civ Pers Div	16 Dec 1980

Send completed form to:

Office of Personnel Management
Retirement and Insurance Programs
Employee Service and Records Center
P.O. Box 45 ATTN: Insurance Audit
Boyers, Pa. 16020 16017

BRI 46-200
July 1979

1. LAST NAME–FIRST NAME–MIDDLE INITIAL	2. IDENT. NO.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
AUSTIN, GEORGE WINFIELD	245												

3. DATE OF BIRTH (MONTH–DAY–YEAR)	4. SEX		5. RACE			6. U. S. CITIZENSHIP			14. FOLLOW-UP
	MALE	FEMALE	WHITE	NEGRO	OTHER	NATIVE	NATURALIZED	NONCITIZEN	

7. VETERANS' PREFERENCE									8. COMP. STATUS		9. TYPE OF APPOINTMENT
NONE	5-PT.	10-POINT				WW II	WW I	OTHER	YES	NO	
		DISAB.	WIFE	WIDOW	OTHER						

10. NATURE OF EMPLOYMENT				11. PAY BASIS				12. SUBJ. TO RETIREMENT			13. SUBJ. TO CLASS. ACT	
FT	PT	WAE	OTHER	ANNUAL	WAGE	WOC	OTHER	NO	CSC	OTHER	YES	NO

15. COMPETITIVE LEVEL	16. RETENTION SUBGROUP	17. SERV. COMP. DATE (MONTH–DAY–YEAR)	18. PHYSICAL IMPAIRMENTS

19. EFFICIENCY RATINGS								20. PERSONNEL FOLDER SENT TO (AND DATE)
DATE AND TYPE	RATING	DATE AND TYPE	RATING	DATE AND TYPE	RATING	DATE AND TYPE	RATING	
								Personnel Folder sent
								Civilian Personnel Records Branch
								Records Administration Center
								1724 Locust Street
								St. Louis 3, Missouri JAN 19[illegible]

21. ADDITIONAL INFORMATION AND REMARKS

STANDARD FORM 7A (MARCH 1948) SERVICE RECORD CARD (VERTICAL-VISIBLE) PRESCRIBED BY CIVIL SERVICE COMMISSION (FEDERAL PERSONNEL MANUAL) 16—54970-1

1. LAST NAME–FIRST NAME–MIDDLE INITIAL	2. IDENT. NO.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

No. L Hach

Austin,	George	Winfield
(SURNAME)	(FIRST NAME)	(SECOND NAME)

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
March	18	1897	N. C. - 1st	Dare	Frisco
SEX M	RACE W		MILITARY SERVICE ____ YES ____ NO X		
RETIREMENT AGE			MILITARY PENSION OR WAR RISK COMPENSATION ____ YES ____ NO ____		

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY: PAY LESS ALLOWANCES	SALARY: BASIC PAY	EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE: MOS.	DAYS	YRS.
	A. Exc.	Seaman		$38.00pm	4-13-17	Com-5th LHS Dist., Lightship #49			
	Res.w.o.prej.	do		38.00	9-27-17	do			
	A. Exc.	do		49.50	1-16-18	do , Lightship #8o			
	Res.w.o.prej.	do		49.50	4-04-18	do			
	A. Exc.	do		75.00	9-01-18	do , Lightship #46			
	Res.w.o.prej.	do		75.00	11-30-22	do			
	A. Exc.	do		55.00	1-26-23	do , Tender COLUMBINE			
	Trans.	do		55.00	3-23-23	do , Tender SPEEDWELL			
	Res.w.o.prej.	do		55.00	9-21-24	do			
	A. Exc.	do		62.50	3-13-25	do			
	Trans.	do		67.50	9-11-25	do , Lightship #80			
	Trans.	do		67.50	3-01-27	do , Lightship #72			
	Trans.	do		67.50	7-01-33	do , Lightship #107			
	Pro.	Second Cook		80.00	5-01-38	do , Lightship #107			
	Pro.	do		85.00	6-16-38	do			
	A. Trans.(Reor. Plan II, 5-09-39)			85.00	7-01-39	Treas-USCG-Norf.Dist., Lightship #107			
	A.Trans.E.O.8929 of 11-1-41.			85.00	11- 1-41	Navy-CG-Norfolk-WINTER QTR. LS #107			
	Class. E. O. 8886 of Sept. 3, 1941			85.00	1-1-42	do			
	Chg.status.Trans. Keeper (1440-1800)		$1440 A	$1500 A	5-1-42	do NorVa-Mathias Pt.RangeLt.Sta.,Va.			
	Trans.pro.	Keeper 1500-1860	1500	1560 A	8-16-43	do -Wolf Trap,Va.			
	Trans & Pro	Keeper (1620-1980)	1620	1680 *	8-16-44	do -Maryland Pt.,Md.			
	Pay Adj	Keeper (1968-2364)	1908	1968 *	7-1-45	do do			
	Pay Inc (Per)	do (1968-2364)	1974	2034 *	8-26-45	do do			
	Appt Trans	E.O.#9666 of 12-28-45			1-1-46	Treas- do-			
	Pay Adj	Keeper (2243.52-2694.96)	2258.76	2318.76*	7-1-46	do			
	Adm Pay Inc	Keeper(2243.52-2694.96)	2334.00	2394.00*	9-8-46	do			
	Adm Pay Inc	do	2409.24	2469.24 *	9-21-47	do			

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 X 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 DEGREES, IF ANY ____

SPECIAL QUALIFICATIONS ____

*Incl $60 p.a. for qtrs

FEDERAL EMPLOYMENT RECORD

U. S. GOVERNMENT PRINTING OFFICE 16—64970-1

22. NATURE OF ACTION	23. EFFECTIVE DATE	24. POSITION TITLE AND NO.	25. SERVICE, CLASS NO., AND GRADE	26. SALARY OR PAY RATE	27. ORGANIZATION, HEADQUARTERS, AND LOCATION
		PREVIOUS SERVICE (SEE FORM 2806)			
Pay Adj	7-11-48	Keeper(2573.52-3024.96)		$2799.24**	5th-Maryland Pt Md.
Adm Pay Inc	10-3-48	do		$2874.48**	do
Adm Pay Inc	10-16-49	do		$2949.72**	do
Adm Pay Inc	10-15-50	do		$3024.96**	do
Pay Adj	7-8-51	do($2873.52-3324.96)		$3324.96**	do
Adj Val Qtrs	5-11-52	do ($2873.52-3324.96)		$3324.96##	do
Ret(Disab)	12-31-54	do ($2873.52-3324.96)		$3324.96##	do
		RETIRED PAY: $2911.11, TOTAL SERVICE: 36y;4m;18d			

AUSTIN, GEORGE WINFIELD

* Incl $240 pa Qtrs
** " $ 60 " "
*** " $180 " "

$301.60 pa Qtrs
$75.40 " "

No. _____

DATE OF BIRTH		
MONTH	DAY	YEAR
March	18	1897
SEX M	RACE W	
RETIREMENT AGE		

Austin, George Winfield
(SURNAME) (FIRST NAME) (SECOND NAME)

DATE	DESIGNATION	OFFICE

DATE	FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	TONTINE DEDUCTIONS	NET FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	DEPARTMENTS ESTABLISHMENTS WILL NOT USE THIS COLUMN.	BALANCE FORWARD	TOTAL CREDITED TO EMPLOYEE	DATE OF ORIGINAL APPOINTMENT / REMARKS
No deductions. Service history certified correct: C. J. Sullivan, By direction.							

RETIREMENT RECORD CARD—CIVIL SERVICE COMMISSION FORM 2806—FEB. 1931

10—183

Standard Form 49
NOVEMBER 1954
U. S. CIVIL SERVICE COMMISSION
CHAPTER I 3, F. P. M.

CERTIFICATION OF INSURED EMPLOYEE'S RETIRED STATUS

Federal Employees' Group Life Insurance Act of 1954

See Instructions to Agencies on Reverse Side

1. NAME OF RETIRED EMPLOYEE — MR. / ~~MISS~~ / MRS. — (Last) Austin — (First) George — (Middle) W.

2. DATE OF BIRTH (Month, Day, Year) — 3 — 18 — 1897

3. MAILING ADDRESS (Number and street, city, zone number, and State)
Frisco, North Carolina

4. PLAN OR SYSTEM UNDER WHICH RETIRED
Lighthouse Service Retirement Act of 20 June 1918, as amended

5. RETIREMENT CLAIM NO. (If any)
None

6. EFFECTIVE DATE OF ANNUITY (Mo., day, yr.)
1 January 1955

7. DID EMPLOYEE RETIRE FOR DISABILITY? [X] YES [ ] NO

8. DID EMPLOYEE RETIRE ON AN IMMEDIATE ANNUITY? [X] YES [ ] NO

IF ITEM 7 IS ANSWERED "YES", OMIT ITEMS 9 AND 10.

9. DOES EMPLOYEE HAVE AT LEAST 15 YEARS' VERIFIED CREDITABLE CIVILIAN SERVICE? [X] YES [ ] NO

10. If employee retired on an immediate annuity but has less than 15 years' verified creditable civilian service *and* if there is uncertainty as to the creditability of a period (or periods) of service which is essential to a total of 15 years, list all service of record and any other service alleged by the retired employee. The Civil Service Commission will verify and/or determine whether the service in question is creditable.

PERIOD OF SERVICE FROM—	PERIOD OF SERVICE TO—	DEPARTMENT OR AGENCY	LOCATION OF EMPLOYMENT	TITLE OF POSITION	HAS SERVICE BEEN VERIFIED YES	HAS SERVICE BEEN VERIFIED NO

11. I hereby certify that the above information, excepting period(s) of unverified service alleged by the retired employee, has been obtained from official records and is correct.

(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL) — 20 January 1955 (DATE)

A. DEWEY QUICK
(TYPE NAME OF AUTHORIZED AGENCY OFFICIAL)

Asst. Chief, Civilian Personnel Division
(TITLE)

U. S. Coast Guard
(NAME OF AGENCY)

1300 E St., N. W., Wash. 25, D. C.
(MAILING ADDRESS OF AGENCY)

CERTIFICATION OF CIVIL SERVICE COMMISSION

[X] INDIVIDUAL NAMED ABOVE IS INSURED AS A RETIRED EMPLOYEE UNDER FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954.

[ ] INDIVIDUAL NAMED ABOVE IS NOT INSURED BECAUSE:

- [ ] LESS THAN 15 YEARS CREDITABLE CIVILIAN SERVICE.
- [ ] NOT RETIRED ON AN IMMEDIATE ANNUITY.
- [ ]

383 954 (CSI NUMBER ASSIGNED) — CERTIFIED BY: /s/ M. A. Chincheck, RETIREMENT DIVISION — 02/03/55 (DATE)

AGENCY REPORT OF TERMINATION OF RETIRED STATUS

DATE ANNUITY TERMINATED	REASON FOR TERMINATION	LAST ADDRESS IF DIFFERENT THAN SHOWN IN ITEM 3
27 June 1979	Death	

ROBERT A. LOCKE
Personnel Management Specialist
(SIGNATURE OF AUTHORIZED OFFICIAL) — 14 Jan 1980 (DATE)

16—71110-1

JSR:nlh — Mailed 1-14-80 — Return to 3-2 — Date Mailed: 1-20-55

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
Austin, George Winfield	☐ ACTIVE DUTY ☒ RETIRED	Keeper	USCG LS	NA	

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS
			Frisco, N. Carolina

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN, THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

☐ LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)*_____

ON *(Date)*_____.

☐ THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

☐ ALL CHILDREN NAMED ARE MY LEGITIMATE, LEGALLY ADOPTED OR STEP CHILDREN; THAT ALL CHILDREN ARE UNMARRIED; THAT ALL CHILDREN NAMED WHO ARE OVER 21 YEARS OF AGE ARE (1) INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY THAT EXISTED PRIOR TO THEIR REACHING THE AGE OF 21 AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT OR (2) HAVE NOT PASSED THEIR TWENTY-THIRD BIRTHDAY AND ARE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN EDUCATIONAL INSTITUTION ABOVE HIGH SCHOOL LEVEL WHICH NORMALLY MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ORGANIZED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE THE EDUCATIONAL ACTIVITIES ARE CARRIED ON AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT. *(Part II, Item 9 - In those special circumstances which permit children over 21 entitlement to medical care indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under **REMARKS** the name of the institution of higher learning.)*

☐ ALL PARENTS OR PARENTS-IN-LAW NAMED ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT AND ACTUALLY RESIDE IN MY HOUSEHOLD.

☐ I AM ENTITLED TO RETIRED, RETIREMENT, OR RETAINER PAY OR EQUIVALENT PAY AS A RESULT OF SERVICE IN A UNIFORMED SERVICE, OTHER THAN BY RETIREMENT UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948.

DD FORM 1 SEP 56 1171

☐ I AM ENTITLED TO RETIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948 *(62 Stat. 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E)* AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY AS DEFINED IN SUBSECTION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY WERE AS FOLLOWS:

11. REMARKS

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT George W. Custis

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
004,534	1-7-58	Indefinite

20. ORGANIZATION OF ISSUING OFFICER
U. S. Coast Guard Hq.

20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
CAPTAIN J. R. STEWART	J. R. Stewart

GPO 924659

BRI 46-156
OCTOBER 1968

UNITED STATES CIVIL SERVICE COMMISSION

APPLICATION FOR WIDOW'S ANNUITY

LIGHTHOUSE SERVICE
(ACT AUGUST 19, 1950, AS AMENDED)

1. NAME OF WIDOW (Last) (First) (Middle)

Austin Maggie Wheedbee

2. DATE OF WIDOW'S BIRTH
MONTH DAY YEAR

3. NAME OF DECEASED HUSBAND (Last) (First) (Middle)

Austin George Winfield

4. DATE OF HUSBAND'S BIRTH
MONTH DAY YEAR
3 18 1899

5. DATE OF HUSBAND'S DEATH
MONTH DAY YEAR
6 27 79

6. WAS DECEASED RETIRED UNDER THE LIGHTHOUSE RETIREMENT ACT?

☑ YES ☐ NO

7. LOCATION OF LAST EMPLOYMENT IN THE LIGHTHOUSE SERVICE (SHIP OR LIGHT STATION)

Potomac River - Maryland

8. DATE OF SEPARATION FROM LAST EMPLOYMENT IN THE LIGHTHOUSE SERVICE
MONTH DAY YEAR
1953

9. DATE OF MARRIAGE TO DECEASED
MONTH DAY YEAR
6 2 1921

10. PLACE OF MARRIAGE (CITY & STATE)

Frisco, North Carolina

11. MARRIAGE WAS PERFORMED BY

☑ MINISTER OR JUSTICE OF THE PEACE

☐ OTHER (SPECIFY)

12. WERE YOU DIVORCED FROM THE DECEASED AT THE TIME OF HIS DEATH?

☐ YES ☑ NO

13. HAVE YOU REMARRIED SINCE HIS DEATH?

☐ YES ☑ NO

INSTRUCTIONS TO APPLICANT

1a. This application should be filled out only if your deceased husband -
Was receiving or entitled to receive retirement pay by reason of his employment in the Lighthouse Service, or
Died from non-service connected causes while employed in the Lighthouse Service. (Widow's annuity is payable only if the deceased husband worked at least 15 years in the Lighthouse Service.)

1b. You must also have been married to your deceased husband before his retirement (or separation) from the Lighthouse Service and must not have remarried since his death.

2. Application must be filled in with ink, or preferably be typewritten, but signature must be in handwriting of the applicant. Signature and address must be legibly written.

3. Give full and complete local postoffice address to which you desire check mailed.

4. Completed application should be forwarded direct to the U. S. Coast Guard, Department of Transportation, Washington, D. C., 20593. You will be advised what benefits, if any, you are entitled to receive.

5. There must be forwarded with this application a certified copy of the public or church record of your marriage and a certified copy of public record showing your husband's death.

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Maggie W. Austin *
(Signature of Applicant)

Frisco *
(Number and Street)

NC 27936 *
(City)

12/29/79 North Carolina 27936
(Date) (State and Zip Code)

WARNING.--Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000, or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).

Revised 01/15/80

FOR USE OF THE CERTIFYING OFFICER OF THE UNITED STATES COAST GUARD

NAME OF DECEASED EMPLOYEE OR ANNUITANT	DATE OF BIRTH *(Month, Day, Year)*
AUSTIN, George Winfield	March 18, 1897
TITLE OF LAST POSITION	**DATE OF FINAL SEPARATION OR RETIREMENT**
Keeper	December 31, 1954

SCHEDULE I

According to the official records of the U. S. Coast Guard, the deceased person named above is a former employee of the Lighthouse Service who was receiving or entitled to receive retirement pay under Section 6 of the Act approved June 20, 1918 as amended and supplemented.

ROY L. BARTON, Chief Civilian Personnel Div
(Signature)

14 January 1980
(Date)

By direction of the Commandant
(Official Title)

SCHEDULE II

According to the official records of the U. S. Coast Guard, the deceased person named above was an employee of the Lighthouse Service and had completed fifteen or more years of employment in such service.

(Signature)

(Date)

(Official Title)

SCHEDULE III

Schedule 1 or 2 above, cannot be completed because:

(Signature)

(Date)

(Official Title)

USCSC--WASHINGTON D C

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE NORFOLK DEPARTMENT OF HEALTH, NORFOLK, VIRGINIA.

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE, DO NOT ACCEPT UNLESS IMPRESSED SEAL OF NORFOLK HEALTH DEPARTMENT IS CLEARLY AFFIXED.

DATE ISSUED JAN - 8 1980 DEP. REGISTRAR Virginia G. Cofer

RAISED SEAL REQUIRED HERE

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—BUREAU OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

27

REGISTRATION AREA NUMBER	CERTIFICATE NUMBER	STATE FILE NUMBER
217		1432

1. FULL NAME OF DECEASED (first) George (middle) Winfield (last) Austin
2. SEX male ☐ female ☒
3. RACE White W
4. DATE OF DEATH (mo.) 6 (day) 27 (year) 79
5. AGE 82 years; IF UNDER 1 YEAR months / days; IF UNDER 1 DAY hours / minutes
6. DATE OF BIRTH (mo.) (day) (year) MAR 18, 1897
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes ☐ no ☒
8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) US PHS Hospital — DOA ☐ Out pat/Emer. Rm. ☐ Inpatient ☒
9. COUNTY OF DEATH (If independent city, leave blank)
10. CITY OR TOWN OF DEATH — Inside city or town limits? yes ☒ no ☐: Norfolk
11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 6500 Hampton Blvd. Norfolk, Va. 23508
12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: North Carolina
13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)
14. CITY OR TOWN OF RESIDENCE — Inside city or town limits? yes ☒ no ☐: Frisco
15. STREET ADDRESS OR RT. NO. OF RESIDENCE: Frisco, N.C. — ZIP CODE: 27936
16. NAME OF FATHER OF DECEASED: Marchant Austin
17. MAIDEN NAME OF MOTHER OF DECEASED: Sally Fulcher
18. CITIZEN OF WHAT COUNTRY: USA
19. BIRTHPLACE (state or country): North Carolina
20. NEVER MARRIED ☐ DIVORCED ☐ MARRIED ☒ WIDOWED ☐
21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank): Maggie W. Austin
22. SOCIAL SECURITY NUMBER
23. USUAL OR LAST OCCUPATION: Retired
24. KIND OF BUSINESS OR INDUSTRY: Civil Service
25. INFORMANT OR SOURCE OF INFORMATION: Twiford Island Chapel Hatteras, N.C.

MEDICAL CERTIFICATION

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Cardio-respiratory arrest
DUE TO (B): Sepsis, Urinary Tract Infection
DUE TO (C): Congestive heart failure
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Arteriosclerotic heart disease, Cerebrovascular accident-brainstem

26a. AUTOPSY? AUTHORIZED BY: yes ☒ no ☐ wife

26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes ☐ no ☐ unknown ☐

26c. IF EXTERNAL CAUSE, IT WAS PRIMARY ☐ or CONTRIBUTING ☐ TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER

26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

26e. TIME OF INJURY (mo.) (day) (year) A.M. / P.M.

26f. INJURY OCCURRED while at work ☐ not while at work ☐

26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)

26h. (city or town) (county) (state)

26i. To the best of my knowledge, death occurred at 7:00 a.m. (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE ▶ Peter Birk — DATE SIGNED: 6/27/79

NAME OF ATTENDING PHYSICIAN (Type or Print): Peter Birk, M.D.

ADDRESS OF ATTENDING PHYSICIAN: US PHS Hospital 6500 Hampton Blvd.

27. BURIAL ☒ REMOVAL ☒ CREMATION ☐

28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) Frisco United Meth. Ch. Cem (city or county) Frisco, N.C. (state)

29. (Signature of funeral director or person legally filing this certificate) ▶ [signature] — NAME OF FUNERAL HOME AND ADDRESS: Twiford Island Chapel Hatteras, N.C.

30. (signature of registrar) ▶ Va. G. Cofer — DATE RECORD FILED: JUN 29 1979

(G-PC-1)

(202) 426-0921

12831.1
19 December 1979

Mrs. Maggie D. Austin
P.O. Box 62
Frisco, NC 27936

Dear Mrs. Austin:

We are sorry to learn of the death of your husband, Mr. George W. Austin on 27 June 1979.

Public Law 719, 81st Congress, as amended, provides benefits of approximately $270.00 per month to widows of employees who were retired under the provisions of the Lighthouse Retirement Act of 20 June 1918, as amended. If you married Mr. Austin prior to his retirement on 1 January 1955, you are eligible for benefits under the aforementioned law. An application for benefits is enclosed.

Please forward the following documents to Commandant (G-PC-1), U.S. Coast Guard Headquarters, Washington, DC 20593:

a. The completed Form BRI 46-156, Application for Widow's Annuity.

b. Two copies of your husband's death certificate.

c. The original or a certified copy of the public or church record of your marriage.

PLEASE NOTE — we must have a certified copy of the last two documents cited above. You must send either the original, or a copy which bears the seal and signature of an issuing official such as a Clerk of the Court. We find that many widows do not wish to submit their original marriage certificates. If you wish to send a photocopy of your marriage certificate, you may do so provided the copy bears a Notary Public's seal and his signed statement attesting that he has compared this copy with the original document, and it is a true copy thereof.

Upon receipt of the appropriate documents, we shall certify Mr. Austin's service and forward the application and supporting papers to the U.S. Office of Personnel Management, Retirement and Insurance Division, Washington, DC. That agency is responsible for administering widow benefits for Lighthouse Service annuitants.

12831.1
19 December 1979

If your late husband has a period of employment under Social Security, it may be beneficial to ask your local Social Security office about your eligibility for survivor's benefits.

We hope the above information will be of assistance to you.

Sincerely,

ROBERT A. LOCKE
Personnel Management Specialist
Civilian Personnel Division
By direction of the Commandant

Encl: (1) Form BR 46-156 (2)

LOCKE:G-PC-1:4100;ee1:60921:19 December 1979 Forwarded:

State of North Carolina
Dare County

Office of Register of Deeds
June 1, 1921

To any Ordained Minister of any Religious Denomination, or any Justice of the Peace of said County:

1 Geo. W. Austin having applied to me for a LICENSE, for the marriage of[2] himself, of[3] Frisco, N.C., aged[4] 24 years, color[5] white, the son of[6] M. B. Austin and[7] Sallie Austin the father now[8] living, the mother[9] living resident of[10] Frisco, N.C. and[11] Maggie Whidbey, of[12] Frisco, N.C., aged[13] 21 years, color[14] white, daughter of[15] J. B. Whidbey and[16] Margaret Whidbey the father[17] living, the mother[18] living, resident of[19] Frisco, N.C.

*And the written consent of ✓, the ✓ of the said ✓, to the proposed marriage having been filed with me:

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said county.

You are required, within sixty days after you shall have celebrated such marriage, to return this license to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting two hundred dollars to the use of any person who shall sue for the same.

No. _____ E. E. McWhirt
Register of Deeds.

1. Name of person applying for license.
2. Name of man to be married, in full.
3. Residence.
4. Age.
5. White or colored.
6. Father of man to be married.
7. Mother of man to be married.
8. Living or dead.
9. Living or dead.
10. Residence, if known; if not, state unknown.
11. Name of woman to be married, in full.
12. Residence.
13. Age.
14. White or colored.
15. Father's name.
16. Mother's name.
17. Living or dead.
18. Living or dead.
19. Residence, if known; if not state unknown.
*If both parties are over 18 years of age, strike out.

_____ being duly sworn, says: That the parties applying for License are of lawful age (*i. e.*, each is over 18 years of age), and, so far as he is informed and believes, there is no lawful cause or impediment forbidding said marriage. I further swear that the answers appended to the questions asked me are correct and true.

Sworn to and subscribed before me on day and date above written.

_____ *Affiant.*

_____ *Register of Deeds.*

_____ *Affiant.*

State of North Carolina
Dare County

I,[1] U. A. Dry a[2] Minister M. E. united in matrimony[3] George W. Austin and[4] Maggie Whidbey the parties licensed above, on the 2 day of June, 1921, at[5] Frisco N.C., in[6] Frisco Township, in said County, according to law.

*WITNESSES PRESENT AT MARRIAGE:

E. U. Pergner of Frisco N.C.
J. R. Robinson Frisco N.C.
Nacie Austin Hatteras N.C.

Rev U. A. Dry
Officiating Officer

1. Name of person officiating. 2. If Minister, of what denomination? If Justice of the Peace, so state. 3. Name of man married. 4. Name of woman married. 5. Place of marriage. 6. Township. *At least three persons present at marriage must sign as witnesses.

NORTH CAROLINA
DARE COUNTY

I, Alva G. Wise, Register of Deeds, do hereby certify that the foregoing and attached is a TRUE COPY of the Certificate of Marriage of Geo. W. Austin and Maggie Whidbey as appears of record in this office.

WITNESS my hand and seal this the 2 day of January 1980.

Alva G. Wise
Alva G. Wise, Register of Deeds

_____
Assistant Register of Deeds