

NOV 6 1974

REGISTRATION
DISTRICT NO. 24-95

LOCAL NO. 1947

NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS - RALEIGH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

35532

1. NAME OF DECEASED FIRST MIDDLE LAST BOBBY GENE PEGRAM			2. DATE OF DEATH (MONTH, DAY, YEAR) OCT 18 1974				
3. SEX M	4. COLOR OR RACE W	5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) North Carolina	6. DATE OF BIRTH 4.5.31	7. AGE (IN YEARS LAST BIRTHDAY) 43	8. IF UNDER 1 YEAR MONTHS DAYS 43	9. IF UNDER 24 HOURS HOURS MIN. 43	
8a. PLACE OF DEATH COUNTY FORSYTH		8b. CITY OR TOWN WINSTON-SALEM	9a. USUAL RESIDENCE (WHERE DECEASED LIVED) STATE N.C.		9b. COUNTY FORSYTH		
9c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) NC BAPTIST HOSP.		9d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	9e. CITY OR TOWN KERNERSVILLE				
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) SARAH Nelson	9d. STREET ADDRESS OR R.F.D. NO. DOBSON ST. EXT.		9e. INSIDE CITY LIMITS (SPECIFY YES OR NO) No		
12. CITIZEN OF WHAT COUNTRY? USA	13. SOCIAL SECURITY NUMBER [REDACTED]	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Pilot Freight Carriers		14b. KIND OF BUSINESS OR INDUSTRY			
15. FATHER'S NAME Estuce Pegram			16. MOTHER'S MAIDEN NAME Lillian Hester				
17a. INFORMANT'S NAME AND ADDRESS Hospital Records: NCBH 10 76 97					17b. RELATION TO DECEASED Wife		
17a. Mrs. Sarah N. Pegram 714 Dobson St. Kernersville N.C.					17b. Wife		
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18a. (a) IMMEDIATE CAUSE: 881X ✓ HEAD INJURY: SKULL FRACTURE					2 HRS		
18b. (b) DUE TO, OR AS A CONSEQUENCE OF: FALL FROM HEIGHT					2 HRS		
18c. (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. AUTOPSY (SPECIFY) YES OR NO 0	20b. M.E. OR OTHER 0	20c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES
19. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY)		21b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) FELL FROM A LADDER WHILE SAWING A TREE.					
21a. TIME OF INJURY 10 18 74 1:30P	21c. INJURY AT WORK (SPECIFY YES OR NO) YES	21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) KERNERSVILLE, FORSYTH, N.C.		21d. CITY OR R.F.D. COUNTY STATE KERNERSVILLE, FORSYTH, N.C.			
MEDICAL EXAMINER CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
22a. DEATH OCCURRED (HOUR) 3:20 P.M.		22b. THE DECEASED WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) 10 18 74		22c. DATE SIGNED (MONTH, DAY, YEAR) 3:20 P.M. OCT 18 1974			
23a. SIGNATURE MODESTO SCHARY, M. D.		23b. ADDRESS DEPT. OF PATH. BOWMAN GREEN SCHOOL OF MEDICINE, WINSTON-SALEM		23c. MEDICAL EXAMINER OF (SPECIFY COUNTY) FORSYTH			
24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		24b. DATE 10-20-1974		24c. NAME OF CEMETERY OR CREMATORY Gardens			
24d. FUNERAL HOME Lain Funeral Home Kernersville N.C.		24e. ADDRESS Kernersville Memory		24f. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Kernersville N. C.			
25. DATE REC'D BY LOCAL REG. 10-21-74		25. SIGNATURE OF REGISTRAR James A. Finger, M.D. (C.M.)		25. SIGNATURE OF FUNERAL DIRECTOR Richard M. Nordward			
26. SIGNATURE OF EMBALMER (IF EMBALMED) Richard M. Nordward		26. LICENSE NO. 2140		26. LICENSE NO. 1400			

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 2 to funeral director when body is released, and route copy 2 to Chief Medical Examiner. If cause of death is pending, file Supplemental Report of Cause of Death (Form VS 8A) when the additional information has been obtained.

FUNERAL DIRECTOR: Take copies 1 & 3 to local or sub-registrar for signature. When signed, file copy 1 with local or sub-registrar and retain copy 3 as your burial-transit permit.