

APR 12 1979

 NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8684

 REGISTRATION DISTRICT NO. 024-00 LOCAL NO. _____

NAME OF DECEASED 1. Charles Arthur Colton			SEX 2. M	DATE OF DEATH (MONTH DAY YEAR) 3. March 27, 1979		
COLOR OR RACE 4. W	STATE OF BIRTH (if not in U.S. name country) 5a. Mass.	COUNTY OF BIRTH 5b. ?	DATE OF BIRTH (Month, Day, Year) 6. 8-15-34	AGE (IN YEARS LAST BIRTHDAY) 7. 45 44	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS HOURS MIN
PLACE OF DEATH CITY OR TOWN 8a. Columbus	CITY OR TOWN 8b. Cerro Gordo	NAME OF HOSPITAL OR INSTITUTION 8c. RPR 1004		IF HOSP OR INST (Specify DOA, Emer. Rm. Inpatient/O.P.) 8d. DOA	INSIDE CITY LIMITS (Specify Yes or No) 8e. No	
RESIDENCE-STATE 9a. N. C.	COUNTY 9b. Columbus	CITY OR TOWN 9c. Whiteville	STREET AND NUMBER OR RFD NO. 9d. Rt. 1, Box 371-A		INSIDE CITY LIMITS (Specify Yes or No) 9e.	
CITIZEN OF WHAT COUNTRY? 10. U. S.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 12. Charlotte Dianne Britton Colton				
SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Forest Service Pilot	KIND OF BUSINESS OR INDUSTRY 14b. NC Forestry Service		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 15. Yes		
FATHER'S NAME 16. Charles Andrew Colton			MOTHER'S MAIDEN NAME 17. Olive Peterson			
INFORMANT'S NAME AND ADDRESS 18a. Mrs. Charles A. Colton, Smyrna Rd., Whiteville, N. C.					RELATION TO DECEASED 18b. Wife	
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)						
(a) IMMEDIATE CAUSE Multiple Body Injuries						
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.						
(b) DUE TO, OR AS A CONSEQUENCE OF: Plane Crash (Forest Service Plane)						
(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. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) Accident			20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) Plane Crash		20c. AUTOPSY (SPECIFY) YES OR NO yes M.E. OR OTHER no IF YES WERE FRIENDS CONSIDERED IN DETERMINING CAUSE OF DEATH	
TIME OF INJURY 21c. 3 27 79 5:00P	INJURY AT WORK (SPECIFY YES OR NO) 21a. Yes	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 21b. Cerro Gordo	CITY OR R.F.D. 21f. Cerro Gordo	COUNTY Columbus	STATE 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.						
DEATH OCCURRED (HOUR) 22a. 5:08 P:	THE DECEDENT WAS PRONOUNCED DEAD 22b. MONTH DAY YEAR 3 27 1979			DATE SIGNED (MONTH, DAY, YEAR) 22c. 5:30 P: March 28, 1979		
SIGNATURE 23b. <i>William A. Rhoads</i>			ADDRESS 23c. 104 Crayton St. Whiteville		MEDICAL EXAMINER OF (SPECIFY COUNTY) 23d. Columbus	
BURIAL, CREMATION, OTHER (SPECIFY) 24a. Burial	DATE 24b. 3/30/79	NAME OF CEMETERY OR CREMATORY 24c. National		LOCATION (CITY, TOWN, OR COUNTY) (STATE) 24d. Wilmington, N. C.		
FUNERAL HOME NAME 25. McKenzie Mortuary, Whiteville, N.C.	SIGNATURE OF FUNERAL DIRECTOR 25. <i>Wm. A. Powell</i>		LICENSE NO. 2947			
DATE REC'D BY LOCAL REG. 27a. 3/29/79	SIGNATURE OF REGISTRAR 27b. <i>John R. Blackledge, Jr.</i>		SIGNATURE OF EMBALMER (IF EMBALMED) 27c. <i>Thomas F. Hayes</i>		LICENSE NO. 294	

1 COPY 1 FOR STATE VITAL RECORDS

3 to General Director when it 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: Copy 1 must be completed and filed with the Local Registrar within 5 days after Death. Copy 3, when signed by the medical examiner is your authorization for final disposition.