

COPY 1
FOR STATE
VITAL RECORDS

APR 6 1976
REGISTRATION DISTRICT NO. 076 00 LOCAL NO.

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

10837

1. NAME OF DECEASED FIRST MIDDLE LAST CARLOS DALE DORSETT		DATE OF DEATH (MONTH, DAY, YEAR) 2. 3-13-76	
3. SEX MALE	4. COLOR or RACE CAU	5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) North Carolina	6. DATE OF BIRTH 9-14-47
7. AGE (IN YEARS LAST BIRTHDAY) 28		IF UNDER 1 YEAR IF UNDER 24 HOURS MONTHS DAYS HOURS MIN.	
8a. PLACE OF DEATH COUNTY RANDOLPH		8b. CITY OR TOWN Trinity	9a. USUAL RESIDENCE (WHERE DECEASED LIVED) STATE N.C.
8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) RPR 1404 Route # 1		8d. INSIDE CITY LIMITS (SPECIFY YES OR NO) No	9b. COUNTY RANDOLPH
9c. CITY OR TOWN ASHEBORO		9d. STREET ADDRESS OR R.F.D. NO. RT 2 Box 253 A	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Edna Mae Small	9e. INSIDE CITY LIMITS (SPECIFY YES OR NO) NO
12. CITIZEN OF WHAT COUNTRY? U.S.		13. SOCIAL SECURITY NUMBER [REDACTED]	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Warehouseman
		14b. KIND OF BUSINESS OR INDUSTRY Trucking Co.	
15. FATHER'S NAME Hosiery Lee Dorsett		16. MOTHER'S MAIDEN NAME Florence Mae Spivey	
17a. INFORMANT'S NAME AND ADDRESS Mrs. Edna Dorsett Rt. # 2, Asheboro, N. C. 27203		17b. RELATION TO DECEASED Wife	
18. PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE SEVERE HEAD INJURY			MINS.
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
19a. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19b. AUTOPSY (SPECIFY) YES OR NO NO	19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) ACCIDENT		20b. DESCRIBE HOW INJURY OCCURED (ENTER NATURE OF INJURY IN PART I OR PART III) FIRE TRUCK TURNED OVER; VICTIM THROWN OUT (DRIVER)	
20c. TIME OF INJURY 3 13 76 2:30 P.M.		20d. INJURY AT WORK (SPECIFY YES OR NO) YES	20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) RPR 1404
		20f. CITY OR R.F.D. RANDOLPH	STATE NC
19. 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.			
21a. DEATH OCCURRED (HOUR) 2:30 P.M.		21b. THE DECEDENT WAS PRONOUNCED DEAD MONTH 3 DAY 13 YEAR 76	
21c. DATE SIGNED (MONTH, DAY, YEAR) 3-13-76		21d. HOUR 3:30 P.M.	
22a. SIGNATURE Merton W. Griffin M.D.		22b. ADDRESS 127 McArthur St. Asheboro N.C.	
22c. MEDICAL EXAMINER OF (SPECIFY COUNTY) Randolph			
23a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		23b. DATE 3-15-76	23c. NAME OF CEMETERY OR CREMATORY West Chapel M. Church
		23d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Randolph County, N. C.	
24. FUNERAL HOME Ridge Funeral Service, Asheboro, N. C.		25. SIGNATURE OF FUNERAL DIRECTOR Otis L. Walker	
26. DATE REC'D BY LOCAL REG. MAR 15 1976		27. SIGNATURE OF REGISTRAR George W. Elliott	
		28. SIGNATURE OF EMBALMER (IF EMBALMED) Bruce Kennedy	
		LICENSE NO. 1166	
		LICENSE NO. 364	

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 2 to Chief Medical Examiner. If cause of death is pending, file copy when body is released, and route copy 2 to Chief Medical Examiner. 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.