

COPY 1
FOR STATE
VITAL RECORDS

MAR 9 1978
REGISTRATION DISTRICT NO. 032-99 LOCAL NO. 316

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

5802

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies of the Certificate of Death to the funeral 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.

1. NAME OF DECEASED FIRST MIDDLE LAST Gary Eugene Fletcher	2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) February 14, 1978	
4. COLOR OR RACE Caucasian	5a. STATE OF BIRTH (If not in U.S.A., name country) N. C.	5b. COUNTY OF BIRTH Durham	6. DATE OF BIRTH (Month, Day, Year) March 22, 1954
7. AGE (IN YEARS LAST BIRTHDAY) 23	8. IF UNDER 1 YEAR MONTHS DAYS	9. IF UNDER 24 HOURS HOURS MIN	
8a. PLACE OF DEATH COUNTY Durham	8b. CITY OR TOWN Durham	8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) Durham Co. Gen. Hospital	8d. IF HOSP. OR INST. (Specify DOA, Emer. Rm., Inpatient/O.P.) inpatient
8e. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	9a. RESIDENCE-STATE N. C.	9b. COUNTY Durham	9c. CITY OR TOWN Durham
9d. STREET AND NUMBER OR RFD NO. 3719 Brightwood Lane	9e. INSIDE CITY LIMITS (Specify Yes or No) Yes No	10. CITIZEN OF WHAT COUNTRY? U.S.A.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Sarah Lineberger	13. SOCIAL SECURITY NUMBER [REDACTED]	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Police Safety Officer	14b. KIND OF BUSINESS OR INDUSTRY Police-Fire
15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	16. FATHER'S NAME Eugene Taylor Fletcher	17. MOTHER'S MAIDEN NAME Frances Lillie/Keith	
18a. INFORMANT'S NAME AND ADDRESS Mrs. G. E. Fletcher, 3719 Brightwood Lane, Durham, N. C.		18b. RELATION TO DECEASED Widow Wife	
19. PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE Massive cerebral contusion.			9 Days
19. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
20a. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Compound fracture right leg.		20b. AUTOPSY (SPECIFY) YES OR NO No	20c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH M E OR OTHER
21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) Accident	21b. DESCRIBE HOW INJURY OCCURED (ENTER NATURE OF INJURY IN PART I OR PART II) Hooking fire hose to hydrant and truck pulled away with hose & fitting striking him.		
21c. TIME OF INJURY MONTH DAY YEAR HOUR 2 5 78 8:39 P. M.	21d. INJURY AT WORK (SPECIFY YES OR NO) Yes	21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY) Street	21f. CITY OR R.F.D. COUNTY STATE Durham Durham N. C.
22. 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) 7:28 P.	22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 2 14 1978	22c. DATE SIGNED (MONTH DAY YEAR) 7:35 P. 2-16-78	
23b. SIGNATURE <i>John P. Gore</i>	23c. ADDRESS John P. Gore, M. D. Durham, N. C. 27704	23d. MEDICAL EXAMINER OF (SPECIFY COUNTY) Durham	
24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b. DATE 2-16-78	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Memorial Gardens, Durham, North Carolina	24d. LOCATION (CITY TOWN OR COUNTY) (STATE) Durham, N. C.
25. FUNERAL HOME NAME ADDRESS Howerton-Bryan Co., Inc. 1005 W. Main St., Durham, N. C.	26. SIGNATURE OF FUNERAL DIRECTOR <i>W. H. ...</i>	26. LICENSE NO. 453	
27a. DATE REC'D BY LOCAL REG. FEB 21 1978	27b. SIGNATURE OF REGISTRAR <i>John D. Fletcher, M.D.</i>	28. SIGNATURE OF EMBALMER (IF EMBALMED) <i>Larry M. York</i>	28. LICENSE NO. FSL 926