

COPY 1  
FOR STATE  
VITAL RECORDS

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: 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.

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

REGISTRATION DISTRICT NO. 06-00 LOCAL NO. \_\_\_\_\_

AUG 8 1977

25073

1. NAME OF DECEASED FIRST MIDDLE LAST Billy Ray Fulbright			2. DATE OF DEATH (MONTH, DAY, YEAR) July 12, 1977			
3. SEX Male	4. COLOR or RACE white	5. STATE OF BIRTH (IF NOT IS U.S.A. NAME COUNTRY) Va.	6. DATE OF BIRTH Jan. 21, 1935	7. AGE (IN YEARS LAST BIRTHDAY) 42	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MIN.
8a. PLACE OF DEATH COUNTY Gaston		8b. CITY OR TOWN Gastonia		9a. USUAL RESIDENCE (WHERE DECEASED LIVED) STATE N.C.		9b. COUNTY Gaston
8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) Lewis Rd.			8d. INSIDE CITY LIMITS (SPECIFY YES OR NO) no	9c. CITY OR TOWN Gastonia		
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Kay Clark		9d. STREET ADDRESS OR R.F.D. NO. 50-A Ranlo St.		9e. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes
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) Textiles		14b. KIND OF BUSINESS OR INDUSTRY
15. FATHER'S NAME Fred C. Fulbright			16. MOTHER'S MAIDEN NAME Ruby Darnell			
17a. INFORMANT'S NAME AND ADDRESS Mrs. Kay C. Fulbright- 50-A Ranlo, Gastonia NC					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 Cerebral Trauma						Immediate
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
(b) DUE TO, OR AS A CONSEQUENCE OF: Hemothorax						
(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 M.E. OR OTHER	
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 II) Decedent in Fire water tanker accident when overturned				
20c. TIME OF INJURY 7 12 77 6:05 P M	20d. INJURY AT WORK (SPECIFY YES OR NO) no	20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Highway		20f. CITY OR R.F.D. COUNTY STATE Gastonia Gaston NC		
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) 6:05 P M		21b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 7 12 1977		21c. DATE SIGNED (MONTH, DAY, YEAR) 6:40 P M July 13, 1977		
22a. SIGNATURE [Signature]			22b. ADDRESS Gastonia, NC		22c. MEDICAL EXAMINER OF (SPECIFY COUNTY) Gaston	
23a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		23b. DATE 7-15-77		23c. NAME OF CEMETERY OR CREMATORY Gaston Memorial Park		23d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Gastonia North Carolina
24. FUNERAL HOME Carothers		NAME ADDRESS Gastonia, NC		25. SIGNATURE OF FUNERAL DIRECTOR J.C. Carothers Jr.		LICENSE NO. 140
26. DATE REC'D BY LOCAL REG. 7-14-1977		27. SIGNATURE OF REGISTRAR Mary Edith Rogers, d.l.		28. SIGNATURE OF EMBALMER (IF EMBALMED) C. Ross Bumgardner		LICENSE NO. 804