

MAY 8 1973

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS - RALEIGH  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

15530

REGISTRATION DISTRICT NO. 77-70 LOCAL NO.

DECEASED	1. NAME OF DECEASED <i>Gardner Melvin (Melvin Eugene Gardner)</i>						DATE OF DEATH (MONTH, DAY, YEAR) <i>4/5/73</i>	
	2. SEX <i>Male</i>	3. COLOR or RACE <i>White</i>	4. STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) <i>N. C.</i>	5. DATE OF BIRTH <i>Aug. 27, 1930</i>	6. AGE IN YEARS (LAST BIRTHDAY) <i>42</i>	7. UNDER 1 YEAR MONTHS	8. UNDER 24 HOURS DAYS	9. HOURS
	10. PLACE OF DEATH COUNTY <i>Richmond County</i>			11. CITY OR TOWN <i>Rockingham</i>		12. USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION, COUNTY <i>N. C. Richmond</i>		
	13. NAME OF HOSPITAL OR INSTITUTION <i>Richmond Memorial (DOA)</i>			14. INSIDE CITY LIMITS SPECIFY YES OR NO <i>Yes</i>		15. CITY OR TOWN <i>Rockingham</i>		
	16. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Married</i>		17. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <i>Mary Elizabeth Webb</i>			18. STREET ADDRESS OR R.F.D., NO. <i>Cartledge Creek Rd.</i>		19. INSIDE CITY LIMITS (SPECIFY YES OR NO) <i>No</i>
	20. CITIZEN OF WHAT COUNTRY? <i>USA</i>		21. SOCIAL SECURITY NUMBER		22. USUAL OCCUPATION KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED <i>Textile</i>		23. KIND OF BUSINESS OR INDUSTRY <i></i>	
	24. FATHER'S NAME <i>Shubert C. Gardner</i>				25. MOTHER'S MAIDEN NAME <i>Nancy Cratchfield</i>			
	26. INFORMANT'S NAME AND ADDRESS <i>Mrs. Mary W. Gardner, Rockingham, N. C.</i>						27. RELATION TO DECEASED <i>Wife</i>	
	28. PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)							
	(a) IMMEDIATE CAUSE: <i>6 Myocardial infarction</i> (b) DUE TO, OR AS A CONSEQUENCE OF: <i>6 Hemiplegia, 6 Marked Coronary atherosclerosis</i> (c) DUE TO, OR AS A CONSEQUENCE OF: <i>6 Myocardial infarction</i>							
	29. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)							
	30. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, DEFENDING (SPECIFY) <i>Accident</i>				31. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I, OR PART II, ITEM 18) <i>Wreck in fire truck on off road</i>			
32. TIME OF INJURY MONTH: <i>4</i> DAY: <i>5</i> YEAR: <i>73</i> HOUR: <i>10:10 A.M.</i>				33. INJURY AT WORK (CHECK YES OR NO) <i>Yes</i>		34. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <i>street</i>		
35. 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.				36. ALTOPIY (SPECIFY) YES OR NO <i>yes</i>		37. IF YES (CHECK PRIMARY CAUSE OF DEATH) <i>Yes</i>		
38. DEATH OCCURRED HOUR: <i>10:10 A.M.</i>		39. THE DECIDENT WAS PRONOUNCED DEAD MONTH: <i>4</i> DAY: <i>5</i> YEAR: <i>73</i> HOUR: <i>10:40 A.M.</i>		40. DATE SIGNED <i>4/5/73</i>				
41. SIGNATURE <i>S. Zetter</i>		42. ADDRESS <i>Rockingham</i>		43. MEDICAL EXAMINER OF (SPECIFY COUNTY) <i>Richmond</i>				
44. BURIAL, CREMATION, OTHER (SPECIFY) <i>Burial</i>		45. DATE <i>4/7/73</i>		46. NAME OF CEMETERY OR CREMATORY <i>Richmond Memorial Park</i>		47. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Rockingham, N. C.</i>		
48. FUNERAL HOME NAME <i>Marks, Rockingham, N. C.</i>		49. ADDRESS		50. SIGNATURE OF FUNERAL DIRECTOR <i>Donash</i>		51. LICENSE NO. <i>202</i>		
52. DATE REC'D BY LOCAL REG. <i>4-9-73</i>		53. SIGNATURE OF REGISTRAR <i>Z. J. Long</i>		54. SIGNATURE OF EXAMINER (IF EMBALMED) <i>Bobby Johnson</i>		55. LICENSE NO. <i>977</i>		

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 3 to funeral director when it is released, and route copy 2 to Chief Medical Examiner. If cause of death is unexplained, 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.