

JAN 1970

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

42767 ✓

REGISTRATION DISTRICT NO. 4195

LOCAL NO. 1579

TYPE, OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED FIRST MIDDLE LAST Jesse Carl Gray			2. DATE OF DEATH (MONTH, DAY, YEAR) 12-31-69		
3. SEX Male	4. COLOR OR RACE White	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME OF COUNTRY) North Carolina	6. DATE OF BIRTH March 1, 1943	7. AGE IN YEARS LAST BIRTHDAY 26	8. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
9a. PLACE OF DEATH County Guilford		9b. CITY OR TOWN Greensboro	9c. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE North Carolina COUNTY Guilford		
10. NAME OF HOSPITAL OR INSTITUTION Moses H. Cone		11. INSIDE CITY LIMITS (SPECIFY YES OR NO) D O A Yes	12. CITY OR TOWN Greensboro		
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Judy Redding		15. STREET ADDRESS OR R.F.D. No. Rt. # 2 Box 91		16. INSIDE CITY LIMITS (SPECIFY YES OR NO) No
17. CITIZEN OF WHAT COUNTRY? U S A	18. SOCIAL SECURITY NUMBER	19. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) City of Greensboro		20. KIND OF BUSINESS OR INDUSTRY Fireman	
21. FATHER'S NAME Jesse Paul Gray			22. MOTHER'S MAIDEN NAME Edna Medley		
23. INFORMANT'S NAME AND ADDRESS Mrs. Judy R. Gray Rt # 2 McLeansville, N.C.					

STATE BOARD
OF HEALTH
COPY

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE	Thoraco-cardiac Trauma (Crushed chest)	3 min
(b) DUE TO, OR AS A CONSEQUENCE OF		
(c) DUE TO, OR AS A CONSEQUENCE OF		
18. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(S), STATING THE UNDERLYING CAUSE LAST		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19a. AUTOPSY? (YES OR NO) NO	19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) Run over by fire truck		
21. TIME OF INJURY MONTH DAY YEAR HOUR 12/31/69 12:30 A	22. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)) City Street	23. CITY OR TOWN Greensboro NC	

CERTIFIER

24. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ AND LAST SAW HIM HER ALIVE ON _____ 19____ DEATH		25. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED ABOVE THE DECEASED WAS PRONOUNCED DEAD AT 1 A M ON 12/31/69	
26. SIGNATURE OF PHYSICIAN A. P. Roggenbaur MD	27. DATE SIGNED 1-4-70	28. ADDRESS Greensboro N.C.	

BURIAL

29. BURIAL, CREMATION, OTHER (SPECIFY) Burial	30. DATE 1-2-70	31. NAME OF CEMETERY OR CREMATORY Lakeview Memorial Pk	32. LOCATION (CITY, TOWN, OR COUNTY) Greensboro, N.C.
33. FUNERAL HOME Hanes-Lineberry Greensboro, N.C.		34. SIGNATURE OF FUNERAL DIRECTOR Norman G. Yates	35. LICENSE NO. 1084
36. DATE REC'D BY LOCAL REG. Jan 5, 1970	37. SIGNATURE OF REGISTRAR Sarah J. Morrow, MD	38. SIGNATURE OF EMBALMER C. William Newman	39. LICENSE NO. 1134

FORM 8
REV 1-68
1-68-1508A