

JUN 7 1979

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

16451

COPY 1
FOR STATE
VITAL RECORDS

REGISTRATION DISTRICT NO. 023.80 LOCAL NO. _____

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1, 2, 3 to funeral director when billed, 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.

DECEASED	NAME OF DECEASED 1. Nathan Carroll Hall			SEX male	DATE OF DEATH (MONTH, DAY, YEAR) 3. May 25, 1979		
	COLOR OR RACE 4. white	STATE OF BIRTH (# not in U.S.A. name country) 5a. N.C.	COUNTY OF BIRTH 5b. Cleveland	DATE OF BIRTH (Month, Day, Year) 6. Aug. 10, 1951	AGE (IN YEARS LAST BIRTHDAY) 7. 27	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MIN
	PLACE OF DEATH 8a. Cleveland	CITY OR TOWN 8b. Shelby	NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER GIVE STREET AND NUMBER) 8c. Cleveland		IF HOSP OR INST (Specify DOA, Emer, Inpatient/O.P.) 8d. DOA		INSIDE CITY LIMITS (SPECIFY YES OR NO) 8e. yes
	RESIDENCE—STATE 9a. N.C.	COUNTY 9b. Cleveland	CITY OR TOWN 9c. Shelby	STREET AND NUMBER OR RFD NO. 9d. R-7, Monte Vista		INSIDE CITY LIMITS (Specify Yes or No) 9e. no	
CITIZEN OF WHAT COUNTRY? 10. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 12. Cynthia Pack			
SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. fireman		KIND OF BUSINESS OR INDUSTRY 14b. City Fire Dept.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 15. no		
FATHER'S NAME 16. Carroll Hall			MOTHER'S MAIDEN NAME 17. Dorothy Lattimore				
INFORMANT'S NAME AND ADDRESS 18a. Mrs. Cynthia Hall, R-7, Shelby, N.C.					RELATION TO DECEASED 18b. wife		
CAUSE	1. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	JUN 10 1980 IMMEDIATE CAUSE Crushed chest					12 min	
	(b) DUE TO, OR AS A CONSEQUENCE OF:						
	(c) DUE TO, OR AS A CONSEQUENCE OF:						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (SPECIFY) YES OR NO 20b. No		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 20c. —		
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) 21a. Accident		DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) 21b. Wall collapsed in fire explosion					
TIME OF INJURY 21c. 5 25 79 6:48 P	INJURY AT WORK (SPECIFY YES OR NO) 21d. yes	PLACE OF INJURY (FACTORY, OFFICE BLDG, ETC (SPECIFY)) 21e. W. Warren	CITY OR R.F.D. 21f. Shelby	COUNTY 21g. Cleveland	STATE 21h. 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							
DEATH OCCURRED (HOUR) 22a. 7:00 P		THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) 22b. 5 25 79		DATE SIGNED (MONTH, DAY, YEAR) 22c. 5/30/79			
SIGNATURE 23b. [Signature]			ADDRESS 23c. 207 Lee Shelby 11C		MEDICAL EXAMINER OF (SPECIFY COUNTY) 23d. Cleveland		
BURIAL, CREMATION, OTHER (SPECIFY) 24a. Burial	DATE 24b. 5-27-79	NAME OF CEMETERY OR CREMATORY 24c. Rose Hill M. Park		LOCATION (CITY, TOWN OR COUNTY) (STATE) 24d. Fallston, N.C.			
FUNERAL HOME 25. Stamey's		ADDRESS Fallston, N.C.		SIGNATURE OF FUNERAL DIRECTOR 26. [Signature]		LICENSE NO. 650	
DATE REC'D BY LOCAL REG. 27a. 5-30-79		SIGNATURE OF REGISTRAR 27b. [Signature]		SIGNATURE OF EMBALMER (IF EMBALMED) 28. [Signature]		LICENSE NO. 650	

Document

JUN 9 1980
ME-79-4625

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

SUPPLEMENTAL REPORT OF CAUSE OF DEATH

NAME OF DECEASED Nathan Carroll Hall

DATE OF DEATH 5/25/80

COUNTY OF DEATH Cleveland

SEX Male

RACE White

PART I. DEATH CAUSED BY: <small>ENTER ONLY ONE CAUSE PER LINE FOR 18a, 18b, 18c</small>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Crushed chest		12 min
18a. IMMEDIATE CAUSE		
18b. DUE TO, OR AS A CONSEQUENCE OF		
18c. DUE TO, OR AS A CONSEQUENCE OF		

18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ALTOPSY? (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19b. No	19c. —

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

Homicide

20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

Wall collapsed in fire explosion; Arson

20a. TIME OF INJURY	MONTH	DAY	YEAR	HOUR	INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY (AT HOME, FAIR, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	CITY OR R.F.D.	COUNTY	STATE
20c.	5	25	79	6 ⁴⁸ P	20d. YES	20e. W. Warren	20f. Shelby	Cleveland	NC

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ AND LAST SAW HIM HER ALIVE ON _____ 19____ DEATH OCCURRED AT _____ M ON THE DATE STATED ABOVE AND IN MY OPINION FROM THE CAUSES STATED			22. 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 DECEDENT WAS PRONOUNCED DEAD AT 7 ¹⁵ P M ON 5/25, 79		
23a. SIGNATURE OF CERTIFIER	DEGREE OR TITLE	DATE SIGNED	23c. ADDRESS		
<i>Capt. W. W. Murray MD</i>	MD	5/20/80	207 Lee Shelby NC		

Note: All entries in the medical and cause-of-death section supersede the corresponding entries on the original certificate.