

SEP 8 1978
REGISTRATION DISTRICT NO 017-70 LOCAL NO

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

31093

| | | | | | | | | | | | |
|-----------|---|--|---|----------------------------------|--|---|--|-----------------------------|--|---|--|
| DECEASED | NAME OF DECEASED | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH | | MONTH DAY YEAR | | |
| | 1. Norman Joseph Harrison | | | | | 2. Male | 3. 8/12/78 | | | | |
| | COLOR OR RACE | STATE OF BIRTH (If not in U.S.A. name country) | COUNTY OF BIRTH | DATE OF BIRTH (Month, Day, Year) | | AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR MONTHS DAYS | | IF UNDER 24 HOURS HOURS MIN. | | |
| | 4. Cauc | 5a. Va. | 5b. Norfolk | 6. April 17, 1935 | | 7. 43 | | | | | |
| CAUSE | PLACE OF DEATH COUNTY | | CITY OR TOWN | | NAME OF HOSPITAL OR INSTITUTION | | IF NOT IN EITHER, GIVE STREET AND NUMBER | | IF HOSP. OR INST. (Specify DOA, Emer. Am., Inpatient / O.P.) | | INSIDE CITY LIMITS (Specify Yes or No) |
| | 8a. Richmond | | 8b. Rockingham | | 8c. Richmond Mem. Hosp. | | | | 8d. DOA | | 8e. yes |
| | RESIDENCE—STATE | | COUNTY | | CITY OR TOWN | | STREET AND NUMBER OR RFD NO. | | | | INSIDE CITY LIMITS (Specify Yes or No) |
| | 9a. N.C. | | 9b. Richmond | | 9c. East Rockingham | | 9d. Rt. 4 Box 405d | | | | 9e. no |
| CAUSE | CITIZEN OF WHAT COUNTRY? | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | | | | | | |
| | 10. USA | | 11. Married | | 12. Grace Jean Norris | | | | | | |
| | SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | | | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) | | 15. yes |
| | 13. [REDACTED] | | 14a. Retired Military | | 14b. U.S. Army | | | | | | |
| CAUSE | FATHER'S NAME | | | | | MOTHER'S MAIDEN NAME | | | | | |
| | 16. Allen David Harrison | | | | | 17. Nellie Gillenlain | | | | | |
| | INFORMANT'S NAME AND ADDRESS | | | | | | | RELATION TO DECEASED | | | |
| | 18a. Grace N. Harrison, Rt. 4 Box 405D, East Rockingham, N.C. | | | | | | | 18b. Wife | | | |
| CAUSE | PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C) | | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | (a) IMMEDIATE CAUSE Pending Auto Aut. | | | | | | | | | | Sudden |
| | (b) DUE TO, OR AS A CONSEQUENCE OF: Myocardial Infarction | | | | | | | | | | |
| | (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | |
| CAUSE | PART II. OTHER SIGNIFICANT CONDITIONS | | | | | CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (B) | | AUTOPSY (SPECIFY) YES OR NO | | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH | |
| | 20a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) | | | | | 20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) | | 20c. | | | |
| | TIME OF INJURY | | 21a. INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY) | | CITY OR R.F.D. | | COUNTY | STATE | |
| | 21c. | | 21d. | | 21e. | | 21f. | | | | |
| CERTIFIER | 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) | | THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) | | | | DATE SIGNED (MONTH DAY YEAR) | | | | |
| | 22a. 8/12/78 | | 22b. 8/12/78 | | | | 22c. 9:23p | | 22d. 8/14/78 | | |
| | SIGNATURE | | ADDRESS | | | | MEDICAL EXAMINER OF (SPECIFY COUNTY) | | | | |
| BURIAL | 23a. [Signature] | | 23b. Rockingham, NC | | | | 23c. Rockingham | | | | |
| | BURIAL, CREMATION, OTHER (SPECIFY) | | DATE | | NAME OF CEMETERY OR CREMATORY | | LOCATION (CITY, TOWN, OR COUNTY) | | (STATE) | | |
| | 24a. Burial | | 24b. 8-15-78 | | 24c. Richmond Mem. Park | | 24d. Rockingham, N.C. | | | | |
| | FUNERAL HOME | | NAME | | ADDRESS | | SIGNATURE OF FUNERAL DIRECTOR | | LICENSE NO. | | |
| BURIAL | 25. Wilson - Harrington, Hamlet, N.C. | | 26. [Signature] | | 27. [Signature] | | 28. [Signature] | | 29. 1969 | | |
| | DATE REC'D BY LOCAL REG. | | SIGNATURE OF REGISTRAR | | SIGNATURE OF EMBALMER (IF EMBALMED) | | LICENSE NO. | | | | |
| | 27a. 8-18-78 | | 27b. [Signature] | | 27c. [Signature] | | 27d. [Signature] | | 27e. 692 | | |