

COPY 1
FOR STATE
HEALTH DEPT.

JUL 6 1977

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

22288

REGISTRATION DISTRICT NO. 064-00 LOCAL NO. _____

34-064-90

| | | | | | | | |
|---|--|---|---|--|---|-------------------------------------|---|
| DECEASED | 1. NAME OF DECEASED FIRST: Wayne MIDDLE: Brantley LAST: Hawkins | | | 2. DATE OF DEATH (MONTH, DAY, YEAR) June 11, 1977 | | | |
| | 3. SEX Male | 4. COLOR or RACE White | 5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) North Carolina | 6. DATE OF BIRTH March 20, 1936 | 7. AGE (IN YEARS LAST BIRTHDAY) 41 | IF UNDER 1 YEAR MONTHS | IF UNDER 24 HOURS DAYS |
| | 8a. PLACE OF DEATH COUNTY Nash | | 8b. CITY OR TOWN Rocky Mount | 9a. USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION! STATE N.C. | | | |
| | 8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) Nash General Hospital | | 8d. INSIDE CITY LIMITS SPECIFY YES OR NO no | 9c. CITY OR TOWN Rocky Mount | | | |
| | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) Married | | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Sylvia Breedlove | | 9d. STREET ADDRESS OR R.F.D. NO. 609 Smallwood Drive | | 9e. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes |
| | 12. CITIZEN OF WHAT COUNTRY? USA | | 13. SOCIAL SECURITY NUMBER | | 14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Assistant Fire Chief | | 14b. KIND OF BUSINESS OR INDUSTRY City of Rocky Mount |
| | 15. FATHER'S NAME Alton W. Hawkins | | | 16. MOTHER'S MAIDEN NAME Inez Wood | | | |
| | 17a. INFORMANT'S NAME AND ADDRESS Mrs. Sylvia B. Hawkins 609 Smallwood Drive, Rocky Mount, N. C. | | | | | RELATION TO DECEASED wife | |
| | PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C) | | | | | | |
| | 18. (a) IMMEDIATE CAUSE: Cardio respiratory arrest secondary to myocardial infarction | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 minutes |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b), STATING THE UNDERLYING CAUSE LAST | | | | | | | |
| 18. (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| 18. (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) | | | | | | | |
| 19. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) natural | | | | 20a. AUTOPSY (SPECIFY) YES OR NO no | | 20b. M.E. OR OTHER no | |
| 20c. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH | | | | | | | |
| 21. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | | | | | |
| 21a. TIME OF INJURY | | 21b. INJURY AT WORK (SPECIFY YES OR NO) | | 21c. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | | 21d. CITY OR R.F.D. COUNTY STATE | |
| 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. | | | | | | | |
| 22a. DEATH OCCURRED (HOUR) 7:45 P M. | | 22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH 6 DAY 11 YEAR 77 | | | 22c. DATE SIGNED (MONTH, DAY, YEAR) 7:45 P M. 6-21-77 | | |
| 23a. SIGNATURE <i>Sylvia B. Hawkins</i> | | | 23b. ADDRESS 107 Nash Med Arts Mall Rocky Mount, N.C. 27801 | | 23c. MEDICAL EXAMINER OF (SPECIFY COUNTY) Edgecombe/Nash | | |
| 24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial | | 24b. DATE 6-14-77 | 24c. NAME OF CEMETERY OR CREMATORY Rocky Mount Memorial Park | | 24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Rocky Mount, N. C. | | |
| 25. FUNERAL HOME NAME Johnson | | | ADDRESS Rocky Mount, N. C. | | SIGNATURE OF FUNERAL DIRECTOR <i>Henry D. English</i> | | |
| 26. DATE REC'D BY LOCAL REG. 06-23-77 | | 27. SIGNATURE OF REGISTRAR <i>J. G. Chamberlaine, M.D.</i> | | SIGNATURE OF EMBALMER (IF EMBALMED) <i>Henry D. English</i> | | LICENSE NO. 227 | |
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MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 2 & 3 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: 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.