

COPY 1  
FOR STATE  
HEALTH DEPT.

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS - RALEIGH

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

15201

MAY 10 1972

REGISTRATION  
DISTRICT NO.

LOCAL NO.

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| 1. NAME OF DECEASED<br>FIRST MIDDLE LAST<br>James Melville Jones  |   |   | 2. DATE OF DEATH (MONTH, DAY, YEAR)<br>April 17, 1972   |  |  |
| 3. SEX<br>Male  | 4. COLOR or RACE<br>White   | 5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)<br>N. C.  | 6. DATE OF BIRTH<br>10-16-1939  | 7. AGE (IN YEARS LAST BIRTHDAY)<br>32  | IF UNDER 1 YEAR<br>MONTHS DAYS HOURS MIN.        |
| 8a. PLACE OF DEATH COUNTY<br>Onslow   |   | 8b. CITY OR TOWN<br>Jacksonville  | 9a. USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE COUNTY<br>N. C. Jones |  |  |
| 9c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER)<br>Onslow Memorial Hospital  |   | 9d. INSIDE CITY LIMITS (SPECIFY YES OR NO)<br>Yes   | 9e. CITY OR TOWN<br>Maysville   |  |  |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br>Married  | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)<br>Patricia Shephard |   | 12. STREET ADDRESS OR R.F.D. NO.<br>Star Route  |  | 13. INSIDE CITY LIMITS (SPECIFY YES OR NO)<br>No |
| 14. CITIZEN OF WHAT COUNTRY?<br>USA   | 15. SOCIAL SECURITY NUMBER  | 16. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)<br>Alhambra Paper Co. |   | 17. KIND OF BUSINESS OR INDUSTRY<br>Forestry Service   |  |
| 18. FATHER'S NAME<br>Earl Jones, Sr.  |   |   | 19. MOTHER'S MAIDEN NAME<br>Edna Louise Melville  |  |  |
| 20. INFORMANT'S NAME AND ADDRESS<br>Anita Parker, Rt. 1, Maysville, N.C. 28555  |   |   |   | 21. RELATION TO DECEASED   |  |
| PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)  |   |   |   |  |  |
| a) IMMEDIATE CAUSE: Cardiac Arrest  |   |   |   |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH     |
| b) DUE TO, OR AS A CONSEQUENCE OF: Asphyxiation   |   |   |   |  |  |
| 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)<br>Accident   |   | 20. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)<br>Forest Fire      |   | 21. AUTOPSY (SPECIFY) YES OR NO M.E. OR OTHER<br>22. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |  |
| 22. TIME OF INJURY<br>4 : 17 : 72 : 4:00  | 23. INJURY AT WORK (SPECIFY YES OR NO)<br>Yes                         | 24. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)<br>Forest Fire             |   | 25. CITY OR R.F.D. (COUNTY) STATE<br>Rt 2, Jacksonville, N.C.  |  |
| 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. |   |   |   |  |  |
| 26. DEATH OCCURRED (HOUR)<br>5:40 A.M.  | 27. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR<br>4 17 72        |   | 28. DATE SIGNED (MONTH, DAY, YEAR)<br>4/17/72   |  |  |
| 29. SIGNATURE<br>Robert R. Johnson  |   | 30. ADDRESS<br>Jacksonville, N. C.  |   | 31. MEDICAL EXAMINER OF (SPECIFY COUNTY)<br>ONSWLOW  |  |
| 32. BURIAL, CREMATION, OTHER (SPECIFY)<br>Burial  | 33. DATE<br>4-19-72   | 34. NAME OF CEMETERY OR CREMATORY<br>Maysville, N.C.  |   | 35. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br>Maysville, N.C.  |  |
| 36. FUNERAL HOME NAME ADDRESS<br>Clarks Funeral Home, P.O. Box 298  |   | 37. SIGNATURE OF FUNERAL DIRECTOR<br>M. F. Clark  |   | 38. LICENSE NO.<br>141   |  |
| 39. DATE REC'D BY LOCAL REG.<br>4-21-72   | 40. SIGNATURE OF REGISTRAR<br>Eleanor H. Williams, M.D.               |   | 41. SIGNATURE OF EMBALMER (IF EMBALMED)<br>Lester S. Sandlin  |  | 42. LICENSE NO.<br>1217                          |

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 2 to funeral director when body is released, 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: 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.