

OCT 6 1978
 REGISTRATION DISTRICT NO. 026-95 LOCAL NO.

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 32652

NAME OF DECEASED 1. Jesse Martin Jones		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. September 14, 1978
COLOR OR RACE 4. White	STATE OF BIRTH (if not in U.S.A., name country) 5a. N. C.	COUNTY OF BIRTH 5b. Cumberland	DATE OF BIRTH (Month, Day, Year) 6. July 16, 1931
AGE (IN YEARS LAST BIRTHDAY) 7. 47	IF UNDER 1 YEAR MONTHS: _____ DAYS: _____	IF UNDER 24 HOURS HOURS: _____ MIN: _____	
PLACE OF DEATH COUNTY 8a. Cumberland	CITY OR TOWN 8b. Fayetteville	NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER GIVE STREET AND NUMBER) 8c. Cape Fear Valley	IF HOSP OR INST. (Specify DOA, Emer. Rm., Inpatient / O.P.) 8d. DOA
RESIDENCE-STATE 9a. N. C.	COUNTY 9b. Cumberland	CITY OR TOWN 9c. Godwin	STREET AND NUMBER OR RFD NO. 8d. Route 1 Box 10
CITIZEN OF WHAT COUNTRY? 10. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 12. Rachel Beasley	
SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Farmer	KIND OF BUSINESS OR INDUSTRY 14b. Farming	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 15. No
FATHER'S NAME 16. Joe Cephus Jones		MOTHER'S MAIDEN NAME 17. Victoria Hobson	
INFORMANT'S NAME AND ADDRESS 18a. Carl McNeill Beasley R - 1 Godwin, N. C. 28344			RELATION TO DECEASED 18b. Brother-in-law
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE Crushed chest			minutes
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.			
(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) 20b. No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 20c.
20a. Multiple fractures			
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. Hit by tractor-trailer (Driver of pickup answering call)	
TIME OF INJURY 21c. Sept 14 1978	INJURY AT WORK (SPECIFY YES OR NO) 21d. Yes	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY) 21e. Highway	CITY OR R.F.D. COUNTY STATE 21f. Cumberland Co. 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			
DEATH OCCURRED (HOUR) 22a. 7:00 A.	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) 22b. Sept. 14 1978	DATE SIGNED (MONTH DAY YEAR) 22c. September 14, 1978	
SIGNATURE 23a. Hal Henschen, M.D.		ADDRESS 23c. 523 Beaumont Road Fayetteville, North Carolina	MEDICAL EXAMINER OF (SPECIFY COUNTY) 23d. Cumberland
BURIAL, CREMATION, OTHER (SPECIFY) 24a. Burial	DATE 24b. 9-16-78	NAME OF CEMETERY OR CREMATORY 24c. Old Bluff Church Cem.	LOCATION (CITY, TOWN OR COUNTY) (STATE) 24d. Cumberland Co. N.C.
FUNERAL HOME NAME 25. Romantie-Pearsall Smith, Dunn, N.C.	ADDRESS	SIGNATURE OF FUNERAL DIRECTOR 26. George Albert Neishon	
DATE REC'D BY LOCAL REG. 27a. 9-19-78	SIGNATURE OF REGISTRAR 27b. Jose F. Williams	SIGNATURE OF EMBALMER (IF EMBALMED) 28. John Lipse	LICENSE NO. 2221 29

1 COPY 1 FOR STATE VITAL RECORDS
 34-0526
 MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies of the Certificate of Death to the Chief Medical Examiner. If call 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.