

DEC 3 1976

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

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

40759

REGISTRATION DISTRICT NO. 069-00 LOCAL NO. _____

DECEASED	1. NAME OF DECEASED FIRST MIDDLE LAST James Eric Lee			2. DATE OF DEATH (MONTH, DAY, YEAR) 11-03-76		
	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 Oct. 24, 1935	7. AGE (IN YEARS LAST BIRTHDAY) 41	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
	8a. PLACE OF DEATH COUNTY Pamlico		8b. CITY OR TOWN Paradise Shores	9a. USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE COUNTY North Carolina Pamlico		
	8c. NAME OF HOSPITAL OR INSTITUTION Dock		8d. INSIDE CITY LIMITS SPECIFY YES OR NO Yes	9c. CITY OR TOWN Oriental		
	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Frances Tompkins		9d. STREET ADDRESS OR R.F.D. NO. Route 1 Box 48		9e. INSIDE CITY LIMITS (SPECIFY YES OR NO) No
	12. CITIZEN OF WHAT COUNTRY? USA	SOCIAL SECURITY NUMBER [REDACTED]	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farming		14b. KIND OF BUSINESS OR INDUSTRY Farmer	
	15. FATHER'S NAME Joseph Howard Lee			16. MOTHER'S MAIDEN NAME Leona Rice		
	17a. INFORMANT'S NAME AND ADDRESS Mrs. Frances T. Lee Route 1, Box 48 Oriental, N.C.				17b. RELATION TO DECEASED Widow	
	PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(a) IMMEDIATE CAUSE: Electrocution					immediate
	18. 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:						
19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			20a. AUTOPSY (SPECIFY) YES OR NO NO	20b. M.E. OR OTHER	20c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) accident		21b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
21c. TIME OF INJURY	MONTH DAY YEAR HOUR	21d. INJURY AT WORK (SPECIFY YES OR NO)	21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	21f. 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) ?	M. 22b. MONTH DAY YEAR	11 03 1976	22c. DATE SIGNED (MONTH, DAY, YEAR)	11:45 P M. 11/03/1976		
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Bayboro		23c. MEDICAL EXAMINER OF (SPECIFY COUNTY) Pamlico		
24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b. DATE 11/5/76	24c. NAME OF CEMETERY OR CREMATORY Lee Family Cemetery		24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Arapahoe, N.C.		
25. FUNERAL HOME NAME ADDRESS Norris Funeral Home Inc. Alliance, N.C.		26. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		LICENSE NO. 1498		
27. DATE REC'D BY LOCAL REG. 11-4-76	28. SIGNATURE OF REGISTRAR <i>[Signature]</i>		29. SIGNATURE OF EMBALMER (IF EMBALMED) <i>[Signature]</i>		LICENSE NO. 874	

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