

JUN 7 1979

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

16448

COPY 1  
 FOR STATE  
 VITAL RECORDS

REGISTRATION DISTRICT NO. 023 80 LOCAL NO. \_\_\_\_\_

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1, 2, 3 to funeral director when 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: 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.

DECEASED	NAME OF DECEASED FIRST MIDDLE LAST <b>GEORGE LEE MAGNESS</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>May 25, 1979</b>		
	COLOR OR RACE <b>White</b>	STATE OF BIRTH (if not in U.S.A. name country) <b>N. C.</b>	COUNTY OF BIRTH <b>Cleveland</b>	DATE OF BIRTH (Month, Day, Year) <b>April 3, 1935</b>	AGE (IN YEARS) LAST BIRTHDAY <b>44</b>	IF UNDER 1 YEAR MONTHS DAYS <b>44</b>	IF UNDER 24 HOURS HOURS MIN <b>44</b>
	PLACE OF DEATH COUNTY <b>Cleveland</b>	CITY OR TOWN <b>Shelby</b>	NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER GIVE STREET AND NUMBER) <b>Cleveland Memorial</b>		IF HOSP OR INST (Specify DOA, Emer. Rm., Inpatient/O.P.) <b>DOA</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
	RESIDENCE—STATE <b>N. C.</b>	COUNTY <b>Cleveland</b>	CITY OR TOWN <b>Shelby</b>	STREET AND NUMBER OR RFD NO. <b>Rt. 10, Metcalf Rd.</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
	CITIZEN OF WHAT COUNTRY? <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Rachel Clay</b>				
	SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Partner</b>	KIND OF BUSINESS OR INDUSTRY <b>Service Station</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>Yes</b>		
	FATHER'S NAME <b>Charles Lee Magness, Sr.</b>			MOTHER'S MAIDEN NAME <b>Ernestine Watts</b>			
	INFORMANT'S NAME AND ADDRESS <b>Rachel C. Magness Rt. 10, Metcalf Rd., Shelby</b>					RELATION TO DECEASED <b>Wife</b>	
	19. CAUSE OF DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(a) IMMEDIATE CAUSE <b>Crushed skull + chest</b>						<b>2 min</b>
(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) YES OR NO <b>No</b>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>—</b>			
20a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) <b>Accident</b>		20b. DESCRIBE HOW INJURY OCCURED (ENTER NATURE OF INJURY IN PART I OR PART II) <b>Wall collapsed from fire explosion</b>					
TIME OF INJURY MONTH DAY YEAR HOUR <b>5 25 79 6:48 P</b>	INJURY AT WORK (SPECIFY YES OR NO) <b>Yes</b>	PLACE OF INJURY AT HOME FARM STREET FACTORY, OFFICE BLDG. ETC (SPECIFY) <b>W. Warron St.</b>	CITY OR R.F.D. <b>Shelby</b>	COUNTY <b>Cleveland</b>	STATE <b>NC</b>		
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) <b>6:50 P</b>	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR <b>5 25 79</b>			DATE SIGNED (MONTH DAY YEAR) <b>5/29/79</b>			
SIGNATURE <i>[Signature]</i>		ADDRESS <b>207 Lee Shelby NC</b>		MEDICAL EXAMINER OF (SPECIFY COUNTY) <b>Cleveland</b>			
BURIAL, CREMATION, OTHER (SPECIFY) <b>Burial</b>	DATE <b>May 27, 1979</b>	NAME OF CEMETERY OR CREMATORY <b>Sunset Cemetery</b>		LOCATION (CITY TOWN OR COUNTY) <b>Shelby</b>	(STATE) <b>N. C.</b>		
FUNERAL HOME <b>Lutz-Austell</b>		ADDRESS <b>Shelby, NC</b>		SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		LICENSE NO. <b>1083</b>	
DATE REC'D BY LOCAL REG. <b>6-30-79</b>	SIGNATURE OF REGISTRAR <i>[Signature]</i>		SIGNATURE OF EMBALMER (IF EMBALMED) <i>[Signature]</i>		LICENSE NO. <b>1083</b>		

CAUSE AMENDED  
 JUN 9 1980  
 CONDITIONS, IF ANY WHICH GAVE RISE TO THIS AMENDMENT, STATED UNDER CAUSE OF DEATH



81-221

# Plastic Covered Document

JUN 9 1980

ME-79-4633

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH



*M 16A / 448*

## SUPPLEMENTAL REPORT OF CAUSE OF DEATH

NAME OF DECEASED George Lee Magness			
DATE OF DEATH 5/25/79	COUNTY OF DEATH Cleveland	SEX Male	RACE White

PART I. DEATH CAUSED BY: <small>ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)</small>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: Crushed skull and chest		2 min
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(S), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19b. ALTOPSY? (YES OR NO) No	19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH -
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19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Homicide	20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b) Wall collapsed from fire explosion; arson		
20a. TIME OF INJURY MONTH DAY YEAR HOUR 5 25 79 6:48 P.M.	20c. INJURY AT WORK (SPECIFY YES OR NO) yes	20d. PLACE OF INJURY (AT HOME, PUBLIC STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) W. Warren St.	20e. CITY OR R.F.D. COUNTY STATE Shelby Cleveland NC

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ AND LAST SAW HIM HER ALIVE ON _____ 19____ DEATH OCCURRED AT _____ M. ON THE DATE STATED ABOVE AND IN MY OPINION, FROM THE CAUSES STATED		22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED ABOVE THE DECEASED WAS PRONOUNCED DEAD AT 8:00 P.M. ON 5/29/79	
23a. SIGNATURE OF CERTIFIER <i>Wesley W. Ramsey MD</i>	23b. DEGREE OR TITLE MD	23c. DATE SIGNED 5/20/80	23d. ADDRESS 207 Lee Shelby NC

Note: All entries in the medical and cause-of-death section supersede the corresponding entries on the original certificate.