COPY 1
FOR STATE
VITAL RECORDS

JUN 08 1979

REGISTRATION DISTRICT NO. 08800 LOCAL NO. _____

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

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

19141

DECEASED

1. NAME OF DECEASED (First, Middle, Last)	WALTER WASHINGTON McNEELY, JR.			2. SEX	MALE	
3. DATE OF DEATH (Month Day Year)	4-30-79					
4. COLOR OR RACE	WHITE	5a. STATE OF BIRTH (If not in U.S.A., name country)	N.C.	5b. COUNTY OF BIRTH	Transylvania	
6. DATE OF BIRTH (Month Day Year)	11-27-18	7. AGE (In years last birthday)	60	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MIN	
8a. PLACE OF DEATH COUNTY	TRANSYLVANIA	8b. CITY OR TOWN	Lake Toxoway	8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER)	Cold Mt. Rd.	
8d. IF HOSP OR INST (Specify DOA, Emer Rm, Inpatient, O.P.)	N/A	8e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	N/A			
9a. RESIDENCE—STATE	N.C.	9b. COUNTY	Transylvania	9c. CITY OR TOWN	Sapphire	
9d. STREET AND NUMBER OR RFD NO	R.F.D. Box 26	9e. INSIDE CITY LIMITS (Specify Yes or No)	N/A			
10. CITIZEN OF WHAT COUNTRY?	U.S.A.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married	12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME)	Dorothy Lease	
13. SOCIAL SECURITY NUMBER	[redacted]	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Postal Service	14b. KIND OF BUSINESS OR INDUSTRY	Mail	
15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	Yes					
16. FATHER'S NAME	Walter W. McNeely Sr.	17. MOTHER'S MAIDEN NAME	Beulah Fisher			
18a. INFORMANT'S NAME AND ADDRESS	Dorothy L. McNeely R.C. Box 26 Sapphire N.C.	18b. RELATION TO DECEASED	Wife			

CAUSE

CAUSE AMENDED
JUN 6 1979
SEE REVERSE SIDE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) (C).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE	
(b) DUE TO, OR AS A CONSEQUENCE OF	
19. (c) DUE TO, OR AS A CONSEQUENCE OF	

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	AUTOPSY (SPECIFY) YES OR NO: 20b	ME OR OTHER	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 20c.
20a.			

21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY)	21b. DESCRIBE HOW INJURY OCCURED (ENTER NATURE OF INJURY IN PART I OR PART II)			
Pending	Blackout. Truck ran off road hit tree, Got out. Then fell dead			
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
	Yes	Roadside		Transylvania N.C.

CERTIFIER

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)	22b. THE DECEDENT WAS PRONOUNCED DEAD (Month Day Year Hour)	23a. DATE SIGNED (Month Day Year)
2:45 AM	4 30 79 4:32 PM	4-30-79

23b. SIGNATURE	23c. ADDRESS	23d. MEDICAL EXAMINER OF (SPECIFY COUNTY)
Marcus D. Bell MD	Brevard, N.C.	Transylvania

BURIAL

24a. BURIAL, CREMATION, OTHER (SPECIFY)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (CITY, TOWN OR COUNTY) (STATE)
Burial	5-2-79	Lake Toxoway Cem.	Transylvania Co. N.C.

25. FUNERAL HOME (NAME, ADDRESS)	26. SIGNATURE OF FUNERAL DIRECTOR	LICENSE NO.
Moore Funeral Home Brevard N.C.	John T. Montuth	452

27a. DATE REC'D BY LOCAL REG.	27b. SIGNATURE OF REGISTRAR	28. SIGNATURE OF EMBALMER (IF EMBALMED)	LICENSE NO.
5-8-79	[signature]	Thomas L. Nash	471

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 and 3 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: 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.

DHS FORM 2164
REV. 1/78