

JUN 7 1979

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

16450

1 COPY 1  
FOR STATE  
VITAL RECORDS

REGISTRATION DISTRICT NO. 02380 LOCAL NO. \_\_\_\_\_

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

NAME OF DECEASED 1 <b>Donald Eugene Melton</b>		SEX 2 <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>May 25, 1979</b>	
COLOR OR RACE 4 <b>W</b>	STATE OF BIRTH (# not in U.S.A. name country) 5a <b>N. C.</b>	COUNTY OF BIRTH 5b <b>Cleveland</b>	DATE OF BIRTH (Month, Day, Year) 6 <b>Dec. 23, 1954</b>	AGE (IN YEARS LAST BIRTHDAY) 7 <b>24</b>
PLACE OF DEATH COUNTY 8a <b>Cleveland</b>	CITY OR TOWN 8b <b>Shelby</b>	NAME OF HOSPITAL OR INSTITUTION 8c <b>Cleveland Mem. Hosp.</b>	IF HOSP OR INST (Specify DOA, Emer Am. Inpatient / O P) 8d <b>DOA</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 8e <b>Yes</b>
RESIDENCE—STATE 9a <b>N. C.</b>	COUNTY 9b <b>Cleveland</b>	CITY OR TOWN 9c <b>Shelby</b>	STREET AND NUMBER OR RFD NO. 9d <b>Rt. 1, Peninsula Ave.</b>	INSIDE CITY LIMITS (Specify Yes or No) 9e <b>No</b>
CITIZEN OF WHAT COUNTRY? 10 <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11 <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 12 <b>Lynn Ledbetter</b>		
SOCIAL SECURITY NUMBER 13 [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a <b>Technician</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Heating &amp; Air Cond.</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 15 <b>No</b>	
FATHER'S NAME 16 <b>James Donald Melton</b>		MOTHER'S MAIDEN NAME 17 <b>Geraldine Beaver</b>		
INFORMANT'S NAME AND ADDRESS 18a <b>Lynn Ledbetter - Route 1, Shelby, N. C.</b>			RELATION TO DECEASED 18b <b>Wife</b>	
PART I. CAUSE OF DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19 (a) IMMEDIATE CAUSE <b>Crushed chest</b>				<b>12 min</b>
19 (b) DUE TO, OR AS A CONSEQUENCE OF:				
19 (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 20b <b>No</b>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 20c <b>—</b>
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) 21a <b>Accident</b>	DESCRIBE HOW INJURY OCCURED (ENTER NATURE OF INJURY IN PART I OR PART II) 21b <b>Wall collapsed from fire explosion</b>			
TIME OF INJURY 21c <b>5   25   79   6:48 p.m.</b>	INJURY AT WORK (SPECIFY YES OR NO) 21d <b>yes</b>	PLACE OF INJURY AT HOME FARM STREET FACTORY OFFICE BLDG ETC (SPECIFY) 21e <b>W. Warren St</b>	CITY OR RFD 21f <b>Shelby</b>	COUNTY 21g <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) 22a <b>about 7:00 p.m.</b>	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22b <b>5   25   79</b>		DATE SIGNED (MONTH DAY YEAR) 22c <b>5/29/79</b>	
SIGNATURE 23b <i>[Signature]</i>	ADDRESS 23c <b>207 hcc Shelby NC</b>		MEDICAL EXAMINER OF (SPECIFY COUNTY) 23d <b>Cleveland</b>	
BURIAL, CREMATION, OTHER (SPECIFY) 24a <b>Burial</b>	DATE 24b <b>5-27-79</b>	NAME OF CEMETERY OR CREMATORY 24c <b>Cleveland Mem. Park</b>	LOCATION (CITY TOWN OR COUNTY) (STATE) 24d <b>Shelby, N.C.</b>	
FUNERAL HOME 25 <b>Clay-Barnette Funeral Home - Shelby, NC</b>		SIGNATURE OF FUNERAL DIRECTOR 26 <i>[Signature]</i>		LICENSE NO. <b>77</b>
DATE REC'D BY LOCAL REG. 27a <b>5-30-79</b>	SIGNATURE OF REGISTRAR 27b <i>[Signature]</i>	SIGNATURE OF EMBALMER (IF EMBALMED) 28 <i>[Signature]</i>		LICENSE NO. <b>77</b>



