COPY 1
FOR STATE HEALTH DEPT.

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

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

41726

REGISTRATION DISTRICT NO. 54-00 LOCAL NO. _____ DEC 6 1973

DECEASED

1. NAME OF DECEASED: FIRST (Harry) MIDDLE LAWRENCE COLIN LAST Moody					2. DATE OF DEATH (MONTH, DAY, YEAR) 11/19/73		
3. SEX M	4. COLOR or RACE Cau.	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) North Carolina	6. DATE OF BIRTH Dec. 7, 1942	7. AGE (IN YEARS LAST BIRTHDAY) 30	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS / MIN.
8a. PLACE OF DEATH COUNTY Lenoir	8b. CITY OR TOWN Kinston	9a. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE North Carolina	9b. COUNTY Lenoir				
8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) County	8d. INSIDE CITY LIMITS (SPECIFY YES OR NO) No	9c. CITY OR TOWN Kinston					
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Margaret Ann Hullett Moody	9d. STREET ADDRESS OR R.F.D. NO. Route 1	9e. INSIDE CITY LIMITS (SPECIFY YES OR NO) No				
12. CITIZEN OF WHAT COUNTRY? USA	13. SOCIAL SECURITY NUMBER [redacted]	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Mechanic – N C Forestry	14b. KIND OF BUSINESS OR INDUSTRY Service				
15. FATHER'S NAME Ernest Wayne Moody		16. MOTHER'S MAIDEN NAME Pauline Malpass					
17a. INFORMANT'S NAME AND ADDRESS Mrs Margaret Ann Hullett Moody, Rt 1, Kinston, N C			17b. RELATION TO DECEASED Wife				

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(a), STATING THE UNDERLYING CAUSE LAST 18.	(a) IMMEDIATE CAUSE: Air Craft Crash		
	(b) DUE TO, OR AS A CONSEQUENCE OF: Multiple Injuries		
	(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) 19.		20a. AUTOPSY (SPECIFY) YES OR NO: yes	20b. M.E. OR OTHER: ME
		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) Plane Crash				
21c. TIME OF INJURY: MONTH 11 / DAY 19 / YEAR 73 / HOUR 11:24 A.M.	INJURY AT WORK (SPECIFY YES OR NO) yes	21d. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Airport	21e. CITY OR R.F.D.	COUNTY	STATE
			21f. Kinston	Lenoir	NC

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) 11:24 A.M.	22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH 11	DAY 19	YEAR 73	HOUR 4:00 P.M.	22c. DATE SIGNED (MONTH, DAY, YEAR) 11/19/73		
23a. SIGNATURE Eugene W Pate	23b. ADDRESS Kinston Clinic				23c. MEDICAL EXAMINER OF (SPECIFY COUNTY) Lenoir		

BURIAL

24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b. DATE 11/21/73	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Mem. Park	24d. LOCATION (CITY, TOWN, OR COUNTY) Mt. Hill, N C	(STATE)	
25. FUNERAL HOME NAME AND ADDRESS GARNER'S FUNERAL HOME, Kinston, N C		26. SIGNATURE OF FUNERAL DIRECTOR Carl L. Garner		LICENSE NO. 1500	
27. DATE REC'D BY LOCAL REG. 11-20-73	SIGNATURE OF REGISTRAR [illegible]	28. SIGNATURE OF EMBALMER (IF EMBALMED)		LICENSE NO.	
		29. NONE			

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 2 to funeral director *when* [illegible] *is released*, and route copy 2 to Chief Medical Examiner. If cause of death 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.

FORM BX 5-71