

OCT 6 1976
REGISTRATION
DISTRICT NO. 051-00 LOCAL NO.

NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS — RALEIGH
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

32439

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|---|--|--|---|---|---|
| 1. NAME OF DECEASED FIRST MIDDLE LAST McDaniel NMN Narron | | | 2. DATE OF DEATH (MONTH, DAY, YEAR) 9-3-76 | | |
| 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 1-29-20 | 7. AGE (IN YEARS LAST BIRTHDAY) 56 | IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MIN. |
| 8a. PLACE OF DEATH COUNTY Johnston | | 8b. CITY OR TOWN Middlesex | 9a. USUAL RESIDENCE (WHERE DECEASED LIVED) STATE COUNTY North Carolina Johnston | | |
| 8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) RFD # 1 | | 8d. INSIDE CITY LIMITS SPECIFY YES OR NO No | 9c. CITY OR TOWN Middlesex | | |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Ozie Boykin | | 9d. STREET ADDRESS OR R.F.D. NO. RFD # 1 | | 9e. INSIDE CITY LIMITS SPECIFY YES OR NO No |
| 12. CITIZEN OF WHAT COUNTRY? USA | 13. SOCIAL SECURITY NUMBER | 14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farmer | | 14b. KIND OF BUSINESS OR INDUSTRY Agri-Business | |
| 15. FATHER'S NAME Claude Narron | | | 16. MOTHER'S MAIDEN NAME Callie Jones | | |
| 17a. INFORMANT'S NAME AND ADDRESS Mrs. Ozie B. Narron RFD # 1 Middlesex, NC | | | | 17b. RELATION TO DECEASED Wife | |
| PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C) | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| (a) IMMEDIATE CAUSE: Cardiac arrest | | | | | Min |
| 18. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(S), STATING THE UNDERLYING CAUSE LAST | | | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: over exertion and excitement | | | | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: smoke inhalation | | | | | |
| 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (J) | | | 20a. AUTOPSY (SPECIFY) YES OR NO No | | 20b. M.E. OR OTHER No |
| 21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) Natural causes | | 21b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) died while fighting fire | | | |
| 21c. TIME OF INJURY MONTH DAY YEAR 9 3 76 | 21d. INJURY AT WORK (SPECIFY YES OR NO) yes | 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) home | | 21f. CITY OR R.F.D. COUNTY STATE RD# 1 Middlesex Johnston N.C. | |
| 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) 5:47 p.m. | | 22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 9 3 1976 | | 22c. DATE SIGNED (MONTH, DAY, YEAR) 9-6-76 | |
| 23a. SIGNATURE <i>Arnell Coley</i> | | 23b. ADDRESS Selma, North Carolina | | 23c. MEDICAL EXAMINER OF (SPECIFY COUNTY) Johnston | |
| 24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial | 24b. DATE 9-5-76 | 24c. NAME OF CEMETERY OR CREMATORY Antioch Ch. Cem. | | 24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) RT. #1 Middlesex NC | |
| 25. FUNERAL HOME NAME ADDRESS Parrish Funeral Home Selma, NC | | 26. SIGNATURE OF FUNERAL DIRECTOR <i>R. Elton Parrish</i> | | LICENSE NO. 494 | |
| 27. DATE REC'D BY LOCAL REG. 9-9-76 | 28. SIGNATURE OF REGISTRAR <i>Lavonne Coats, Dep. Reg.</i> | | 29. SIGNATURE OF EMBALMER (IF EMBALMED) <i>R. Elton Parrish</i> | | LICENSE NO. 494 |

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