

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

41725

REGISTRATION DISTRICT NO. 54-00 LOCAL NO. \_\_\_\_\_

DECEASED	1. NAME OF DECEASED FIRST MIDDLE LAST <u>Marshall Newman</u>			2. DATE OF DEATH (MONTH, DAY, YEAR) <u>11/19/73</u>				
	3. SEX <u>M</u>	4. COLOR OR RACE <u>Cauc</u>	5. STATE OF BIRTH (IF NOT IN U.S. A. NAME COUNTRY) <u>N.C.</u>	6. DATE OF BIRTH <u>5/1/34</u>	7. AGE (IN YEARS LAST BIRTHDAY) <u>39</u>	8. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.		
	9a. PLACE OF DEATH COUNTY <u>Lenoir</u>		9b. CITY OR TOWN <u>Kinston</u>	9c. USUAL RESIDENCE STATE <u>NC</u>	9d. WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) COUNTY <u>SAMPSON</u>			
	10a. NAME OF HOSPITAL OR INSTITUTION <u>Wooded area near Airport</u>		10b. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>No</u>	10c. CITY OR TOWN <u>Clinton</u>		10d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>No</u>		
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		11a. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>Ann Daughtry</u>		11b. STREET ADDRESS OR R.F.D. NO. <u>Route One</u>		11c. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>No</u>	
	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Pilot, N.C. State Foresters</u>		14b. KIND OF BUSINESS OR INDUSTRY	
	15. FATHER'S NAME <u>Marshall T. Newman</u>			16. MOTHER'S MAIDEN NAME <u>Isabel Butler</u>				
	17a. INFORMANT'S NAME AND ADDRESS <u>Ann Daughtry Newman, Route One, Clinton, N.C.</u>					17b. RELATION TO DECEASED <u>Wife</u>		
	CAUSE	PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		(a) IMMEDIATE CAUSE: <u>Air Craft Accident</u> <u>Multiple Injuries</u>						
		(b) DUE TO, OR AS A CONSEQUENCE OF:						
		(c) DUE TO, OR AS A CONSEQUENCE OF:						
CERTIFIER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	19. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) <u>Accident</u>		20a. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <u>Plane Crash</u>			20b. AUTOPSY (SPECIFY) YES OR NO <u>YES</u>		
	21a. TIME OF INJURY MONTH DAY YEAR HOUR <u>11 19 73 11A</u>		21b. INJURY AT WORK (SPECIFY YES OR NO) <u>yes</u>		21c. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <u>Air port</u>		21d. CITY OR R.F.D., COUNTY STATE <u>Kinston, Lenoir, N.C.</u>	
	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.							
BURIAL	22a. DEATH OCCURRED (HOUR) <u>11 24 A</u>		22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR <u>11 19 73 400 P</u>		22c. DATE SIGNED (MONTH, DAY, YEAR) <u>11/19/73</u>			
	23a. SIGNATURE <u>Eugene W. Pate Jr.</u>		23b. ADDRESS <u>Kinston Clinic</u>		23c. MEDICAL EXAMINER OF (SPECIFY COUNTY) <u>Lenoir</u>			
	24a. BURIAL, CREMATION, OTHER (SPECIFY) <u>Burial</u>		24b. DATE <u>11/21/73</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clinton</u>		24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Clinton, N.C.</u>	
	25. FUNERAL HOME NAME <u>Crumpler-Honeycutt Co. Clinton, N.C.</u>		26. ADDRESS		27. SIGNATURE OF FUNERAL DIRECTOR		LICENSE NO. <u>396</u>	
28. DATE REC'D BY LOCAL REG. <u>11-26-73</u>		29. SIGNATURE OF REGISTRAR <u>John R. Powell</u>		30. SIGNATURE OF EMBALMER (IF EMBALMED)		LICENSE NO. <u>100</u>		

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