

COPY 1
FOR STATE
HEALTH DEPT.

JAN 10 1977
REGISTRATION DISTRICT NO. 006-00 LOCAL NO. 130 NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS — RALEIGH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

41854

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

1. NAME OF DECEASED FIRST MIDDLE LAST Danny Roy Owens			2. DATE OF DEATH (MONTH, DAY, YEAR) December 9, 1976			
3. SEX Male	4. COLOR or RACE Cau.	5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) North Carolina	6. DATE OF BIRTH January 22, 1953	7. AGE (IN YEARS LAST BIRTHDAY) 23	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MIN.
8a. PLACE OF DEATH COUNTY Avery		8b. CITY OR TOWN Plumtree	9a. USUAL RESIDENCE (WHERE DECEASED LIVED) STATE North Carolina		9b. COUNTY Avery	
8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) Highway		8d. INSIDE CITY LIMITS SPECIFY YES OR NO No	9c. CITY OR TOWN Newland			
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Darlene Young		9d. STREET ADDRESS OR R.F.D. NO. Route #1		9e. INSIDE CITY LIMITS (SPECIFY YES OR NO) No	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. SOCIAL SECURITY NUMBER [REDACTED]	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Operator		14b. KIND OF BUSINESS OR INDUSTRY Service Station		
15. FATHER'S NAME Nat Owens			16. MOTHER'S MAIDEN NAME Ethel Yates			
17a. INFORMANT'S NAME AND ADDRESS Darlene Y. Owens Route #1, Newland, N. C. 28657				17b. RELATION TO DECEASED Wife		
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)						
(a) IMMEDIATE CAUSE: Drowning						
18. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
(b) DUE TO, OR AS A CONSEQUENCE OF: Head injury						
(c) DUE TO, OR AS A CONSEQUENCE OF:						
19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			20a. AUTOPSY (SPECIFY) YES OR NO No	20b. M.E. OR OTHER	20c. IF YES, WHERE AND HOW LONG CONSIDERED IN DETERMINING CAUSE OF DEATH	
21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) Vehicle Accident		21b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) Vehicle overturned in river				
21c. TIME OF INJURY 12 09 76 6.57 P.M.	21d. INJURY AT WORK (SPECIFY YES OR NO) No	21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Highway	21f. CITY OR R.F.D. Plumtree	21g. COUNTY Avery	21h. STATE 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) 7 P. M.	22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 12 09 76		22c. DATE SIGNED (MONTH, DAY, YEAR) 12-11-76			
23a. SIGNATURE [Signature]		23b. ADDRESS Newland, N. C. 28657		23c. MEDICAL EXAMINER OF (SPECIFY COUNTY) Avery		
24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial	24b. DATE Dec. 10, 1976	24c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery		24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Avery County, N. C.		
25. FUNERAL HOME NAME Reins-Sturdivant of Newland, N. C.		26. ADDRESS [REDACTED]		26. SIGNATURE OF FUNERAL DIRECTOR [Signature]		
27. DATE REC'D BY LOCAL REG. 12-15-76		28. SIGNATURE OF REGISTRAR [Signature]		29. SIGNATURE OF EMBALMER (IF EMBALMED) James A. Backman		
				LICENSE NO. FS380		
				LICENSE NO. FS771		