

JUN 7 1979

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

16452

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 buried, 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 FIRST MIDDLE LAST FLOYD PESCHI SHARTS		SEX Male	DATE OF DEATH (MONTH DAY YEAR) May 25, 1979	
COLOR OR RACE White	STATE OF BIRTH (If not in U.S.A. name country) N.C.	COUNTY OF BIRTH Union	DATE OF BIRTH (Month Day Year) Oct. 10, 1947	AGE (IN YEARS LAST BIRTHDAY) 31
PLACE OF DEATH COUNTY Cleveland	CITY OR TOWN Shelby	NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER GIVE STREET AND NUMBER) 109 W. Warren St.		IF HOSP OR INST (Specify DOA, Emer, Inpatient, O.P.) 8d.
RESIDENCE-STATE N. C.	COUNTY Cleveland	CITY OR TOWN Shelby	STREET AND NUMBER OR RFD NO. Rt-11 (SR 2221)	
CITIZEN OF WHAT COUNTRY? USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME) Brenda Randall		
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Fireman	KIND OF BUSINESS OR INDUSTRY City Fire Department	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
FATHER Floyd Sharts	MOTHER'S MAIDEN NAME Hannah Pines			
INFORMANT'S NAME AND ADDRESS Brenda R. Sharts, Rt-11, Shelby, NC 28150			RELATION TO DECEASED Wife	
PART I. CAUSE OF DEATH CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE JUN 10 1980 Crushed chest				17 min
(b) DUE TO, OR AS A CONSEQUENCE OF				
(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	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
Water emersion		No	-	
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY)	DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II)			
Accident	Wall collapsed in fire explosion			
TIME OF INJURY (MONTH DAY YEAR) 5 25 79 6:48 P.	INJURY AT WORK (SPECIFY YES OR NO) Yes	PLACE OF INJURY AT HOME (FARM STREET) FACTORY OFFICE BLDG ETC (SPECIFY) alley off Arcey St	CITY OR RFD. Shelby	COUNTY Cleveland
STATE NC				
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) about 7:00 P.	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) 5 25 79		DATE SIGNED (MONTH DAY YEAR) 5/29/79	
SIGNATURE <i>[Signature]</i>		ADDRESS 207 Lee Shelby, NC		MEDICAL EXAMINER OF (SPECIFY COUNTY) Cleveland
BURIAL (CREMATION OTHER) (SPECIFY) Burial	DATE 5-27-79	NAME OF CEMETERY OR CREMATORY New Hope Baptist Ch		LOCATION (CITY TOWN OR COUNTY) (STATE) Earl, N. C.
FUNERAL HOME Palmer Mortuary, Shelby, NC	SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		LICENSE NO. 667	
DATE REC'D BY LOCAL REG. 5-30-79	SIGNATURE OF REGISTRAR <i>[Signature]</i>		SIGNATURE OF EMBALMER (IF EMBALMED) <i>[Signature]</i>	
			LICENSE NO. 856FSL	

Document

JUN 9 1980
79-4646

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

SUPPLEMENTAL REPORT OF CAUSE OF DEATH

16A
452
NAME OF DECEASED

Floyd Peschi Sharts

DATE OF DEATH

5/25/79

COUNTY OF DEATH

Cleveland

SEX

Male

RACE

White

PART I. DEATH CAUSED BY:

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) IMMEDIATE CAUSE

Crushed chest

1/2 min.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF

(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 (b)

19b. AUTOPSY? (YES OR NO)

No

19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

Homicide

20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b)

Wall collapsed in fire explosion; arson

20c. TIME OF INJURY

5 25 79 6 48 p

20d. INJURY AT WORK (SPECIFY YES OR NO)

Yes

20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BUS, ETC. (SPECIFY)

alley off Hwy St.

20f. CITY OR R.F.D.

Shelby

20g. COUNTY

Cleveland

20h. STATE

N. C.

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19____

TO _____ 19____ AND LAST SAW HIM HER ALIVE ON _____ 19____ DEATH

21. OCCURRED AT _____ IN ON THE DATE STATED ABOVE AND IN MY OPINION FROM THE CAUSES STATED

SIGNATURE OF CERTIFIER

DEGREE OR TITLE

DATE SIGNED

ADDRESS

23a.

W. W. Murray MD

MD

5/20/80

207 Lee Shelby NC

Note: All entries in the medical and cause-of-death section supersede the corresponding entries on the original certificate.

DHS Form 2263 (VS 8-A) REV. 7/75