

MAR 6 1980

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

5517

REGISTRATION DISTRICT NO. 036-90 LOCAL NO.1 TYPE, OR PRINT IN  
PERMANENT  
BLACK INK

NAME OF DECEASED <b>JOHN PINKNEY STEPP</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>February 13, 1980</b>	
COLOR OR RACE <b>White</b>	STATE OF BIRTH (IF NOT U.S.A., NAME COUNTRY) <b>North Carolina</b>	COUNTY OF BIRTH <b>Gaston</b>	DATE OF BIRTH <b>6 November 3, '27</b>	AGE (IN YEARS LAST BIRTHDAY) <b>52</b>
PLACE OF DEATH <b>Gaston</b>	CITY OR TOWN <b>Gastonia</b>	NAME OF HOSPITAL OR INSTITUTION <b>housefire; Gilmer Street</b>	IF HOSP. OR INST. (Specify DOA, Emer. Am., inpatient, O.P.) <b>Yes</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>
RESIDENCE-STATE <b>North Carolina</b>	COUNTY <b>Gaston</b>	CITY OR TOWN <b>Gastonia</b>	STREET AND NUMBER OR R.F.D. & BOX NO. <b>809 Malotte Lane</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>No</b>
CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Virginia Bell</b>		
SOCIAL SECURITY NUMBER <b>238-32-8896</b>	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Fireman</b>	KIND OF BUSINESS OR INDUSTRY <b>Gastonia City Fire Dept.</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>no</b>	

PARENTS

FATHER'S NAME <b>Joe N. Stepp</b>	MOTHER'S MAIDEN NAME <b>Blake Price</b>
INFORMANT'S NAME AND ADDRESS <b>Mrs. Virginia B. Stepp, 809 Malotte Lane, Gastonia, N. C. 28052</b>	
RELATION TO DECEASED <b>Wife</b>	

STATE COPY

PART I DEATH CAUSED BY:	ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE:	<i>Ventricular fibrillation</i>	<i>immediate</i>
(b) DUE TO, OR AS A CONSEQUENCE OF:	<i>myocardial infarction</i>	<i>immediate</i>
(c) DUE TO, OR AS A CONSEQUENCE OF:	<i>arteriosclerotic heart disease</i>	

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY? (YES OR NO) <b>no</b>	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING DEATH <b>no</b>
20a ACCIDENT OR NATURAL (SPECIFY)	IF ACCIDENT, DESCRIBE (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	TIME OF ACCIDENT MONTH DAY YEAR HOUR	
21a PLACE OF ACCIDENT AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	21b WAS CASE REFERRED TO MEDICAL EXAMINER (SPECIFY YES OR NO)	21c	
21d	21e	NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH.	

SIGN WITH  
PERMANENT  
BLACK INK

CERTIFICATION: PHYSICIAN ATTENDED THE DECEASED FROM <b>12-28-79</b> TO <b>02-13-80</b> AND LAST SAW HIM/HER ALIVE ON <b>02-13-80</b> DEATH OCCURRED AT <b>10:25 A.M.</b> ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		NAME AND TITLE OF CERTIFIER (Type or Print) <b>Dr. L. L. Anthony, M.D.</b>	
SIGNATURE OF CERTIFIER <i>L. L. Anthony</i>		DATE SIGNED <b>02-19-80</b>	ADDRESS <b>1896 Remount Rd. Gastonia, N.C. 28052</b>
BURIAL, CREMATION, OTHER (SPECIFY) <b>Burial</b>	DATE <b>2-15-80</b>	NAME OF CEMETERY OR CREMATORY <b>Gaston Memorial Park</b>	LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Gastonia, Gaston, N. C.</b>
FUNERAL HOME <b>McLean &amp; Son, Inc., Gastonia, N. C.</b>	NAME <b>McLean &amp; Son, Inc., Gastonia, N. C.</b>	SIGNATURE OF FUNERAL DIRECTOR <i>W. H. McLean, Jr.</i>	LICENSE NO. <b>422</b>
DATE REC'D BY LOCAL REG. <b>Feb. 19, 1980</b>	SIGNATURE OF REGISTRAR <i>Mary Collett Lopez</i>	SIGNATURE OF EMBALMER (IF EMBALMED) <i>W. H. McLean, Jr.</i>	LICENSE NO. <b>422</b>

DHS 1872  
FORM 8  
REV. 1/78