

JAN 10 1977

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

45291

REGISTRATION DISTRICT NO. 08270 LOCAL NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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

1. NAME OF DECEASED FIRST: Cecil MIDDLE: Carlton LAST: Thornton		2. DATE OF DEATH (MONTH, DAY, YEAR) Dec 1 1976	
3. SEX: M	4. COLOR or RACE: W	5. STATE OF BIRTH (IF NOT IS U.S.A. NAME COUNTRY): N.C.	6. DATE OF BIRTH: Aug 2, 1924
7. AGE (IN YEARS LAST BIRTHDAY): 52		IF UNDER 1 YEAR: MONTHS: _____ DAYS: _____ IF UNDER 24 HOURS: HOURS: _____ MIN: _____	
8a. PLACE OF DEATH COUNTY: Sampson		8b. CITY OR TOWN: Clinton	9a. USUAL RESIDENCE (WHERE DECEASED LIVED) STATE: NC
8c. NAME OF HOSPITAL OR INSTITUTION: SEMH		8d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	9b. COUNTY: Sampson
9c. CITY OR TOWN: Clinton		9d. STREET ADDRESS OR R.F.D. NO.: Doe's Ave	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Hazel Adams	
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): Merchant		14b. KIND OF BUSINESS OR INDUSTRY: Shoe Business	
15. FATHER'S NAME: Rossie Thornton		16. MOTHER'S MAIDEN NAME: Pearl Keene	
17a. INFORMANT'S NAME AND ADDRESS: Mrs. Hazel Thornton, Doe's Ave Clinton		17b. RELATION TO DECEASED: Wife	
PART I. DEATH CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)			
18. (a) IMMEDIATE CAUSE: SUB ARACHNOID HEMORRHAGE			
18. (b) DUE TO, OR AS A CONSEQUENCE OF: _____			
18. (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)			
19a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY): NATURAL		19b. AUTOPSY (SPECIFY) YES OR NO: YES	
19c. DESCRIBE HOW INJURY OCCURED (ENTER NATURE OF INJURY IN PART I OR PART II): _____		19d. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: ME	
20a. TIME OF INJURY: MONTH: _____ DAY: _____ YEAR: _____ HOUR: _____		20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY): _____	
20c. INJURY AT WORK (SPECIFY YES OR NO): _____		20d. CITY OR R.F.D.: _____ COUNTY: _____ STATE: _____	
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			
21a. DEATH OCCURRED (HOUR): 9:00 am		21b. THE DECENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR): Dec 1 1976	
21c. DATE SIGNED (MONTH, DAY, YEAR): DEC 2, 1976		21d. SIGNATURE OF MEDICAL EXAMINER: [Signature]	
22a. ADDRESS: 603 Beaman Street		22b. CITY OR R.F.D.: Clinton, NC 28328	
22c. MEDICAL EXAMINER OF (SPECIFY COUNTY): Sampson		22d. SIGNATURE OF FUNERAL DIRECTOR: [Signature]	
23a. BURIAL, CREMATION, OTHER (SPECIFY): BURIAL		23b. DATE: 12-3-76	
23c. NAME OF CEMETERY OR CREMATORY: Grandview Mem Gdis		23d. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Rte Clinton, NC	
24. FUNERAL HOME: Royal-Hall		25. SIGNATURE OF EMBALMER: [Signature]	
26. DATE REC'D BY LOCAL REG: 12-7-76		27. SIGNATURE OF REGISTRAR: Caroline H Callahan MD	
28. LICENSE NO.: 2705		29. LICENSE NO.: 1460	