

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

DECEASED	NAME OF DECEASED FIRST MIDDLE LAST 1. <b>GERALD O'Neal Tilghman</b>		DATE OF DEATH (MONTH, DAY, YEAR) 2. <b>11/6/73</b>	
	SEX 3. <b>Male</b>		AGE IN YEARS (LAST BIRTHDAY) 7. <b>52</b>	
	COLOR OF RACE 4. <b>White</b>		DATE OF BIRTH (MONTH, DAY, YEAR) 8. <b>February 4, 1921</b>	
	STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) 5. <b>North Carolina</b>		CITY OR TOWN 6. <b>New Bern</b>	
	PLACE OF DEATH COUNTY 8a. <b>Craven</b>		USUAL RESIDENCE (WHERE DECEASED LIVED) STATE COUNTY 9a. <b>North Carolina Craven</b>	
	NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) 8b. <b>Craven County Hospital</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 8c. <b>yes</b>	
	CITY OR TOWN 9b. <b>New Bern</b>		STREET ADDRESS OR R.F.D. NO. 9c. <b>1203 Highland Avenue</b>	
	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>married</b>		SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) 11. <b>Henrietta Wilkins</b>	
	CITIZEN OF WHAT COUNTRY 12. <b>USA</b>		SOCIAL SECURITY NUMBER 13. <b>[REDACTED]</b>	
	FATHER'S NAME 15. <b>Charlie Tilghman</b>		MOTHER'S MAIDEN NAME 16. <b>Mary Ennis William</b>	
	INFORMANT'S NAME AND ADDRESS 17a. <b>Mrs. Gerald O. Tilghman, 1203 Highland Ave., New Bern, N.C.</b>		RELATION TO DECEASED 17b. <b>wife</b>	
	CAUSE	PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C) 6a) IMMEDIATE CAUSE: <b>Frontal Skull Fractures, open</b>		
6b) DUE TO, OR AS A CONSEQUENCE OF: <b>Pedestrian accident</b>				
6c) DUE TO, OR AS A CONSEQUENCE OF:				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: 19. <b>Accident</b>				
CERTIFIER	MEDICAL EXAMINER CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN ANY OF WHICH DEATH OCCURRED OR THE DATE AND DUE TO THE CAUSE LISTED ABOVE. 20. <b>No</b>		DATE SIGNED (MONTH, DAY, YEAR) 22c. <b>11/7/73</b>	
	SIGNATURE 21a. <b>Never, Th. Juppitt</b>		ADDRESS 21b. <b>Craven County, N.C.</b>	
	MEDICAL EXAMINER OF (SPECIFY COUNTY) 23c. <b>Craven</b>		DATE SIGNED (MONTH, DAY, YEAR) 22c. <b>11/7/73</b>	
	SIGNATURE OF FUNERAL DIRECTOR 25. <b>Cotten Funeral Home, Inc., New Bern, N.C.</b>		SIGNATURE OF EMBALMER (IF EMBALMED) 26. <b>[Signature]</b>	
BURIAL	BURIAL, CREMATION, OTHER (SPECIFY) 24a. <b>Burial</b>		DATE 24b. <b>11/8/73</b>	
	NAME OF CEMETERY OR CREMATORY 24c. <b>Greenleaf Memorial Park</b>		LOCATION (CITY, TOWN, OR COUNTY) (STATE) 24d. <b>New Bern, North Carolina</b>	
FURNERAL HOME NAME 25. <b>Cotten Funeral Home, Inc., New Bern, N.C.</b>		ADDRESS 26. <b>[Address]</b>		LICENSE NO. <b>2698</b>
DATE REC'D BY LOCAL REG. 27. <b>Nov. 7, 1973</b>		SIGNATURE OF REGISTRAR 28. <b>[Signature]</b>		LICENSE NO. <b>1494</b>