

DEC 9 1975

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

CERTIFICATE OF DEATH

38351

REGISTRATION DISTRICT NO. 011-00 LOCAL NO.

34-011-95

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

6-1

VITAL RECORDS COPY

CAUSE

CERTIFIER

BURIAL

DHS 1872
FORM 8
REV. 1-68
1-68-150A

1. NAME OF DECEASED JIMMIE EDWARD TRENT		DATE OF DEATH 2 November 13, 1975	
2. SEX Male	3. COLOR OR RACE White	4. STATE OF BIRTH North Carolina	5. DATE OF BIRTH 8/20/40
6. PLACE OF DEATH COUNTY Buncombe		7. USUAL RESIDENCE CITY OR TOWN Asheville	
8. NAME OF HOSPITAL OR INSTITUTION VA Hospital		9. STATE North Carolina	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		11. SURVIVING SPOUSE Frances Drake	
12. CITIZEN OF WHAT COUNTRY? USA		13. SOCIAL SECURITY NUMBER [REDACTED]	
14. FATHER'S NAME E. K. Trent		15. MOTHER'S MAIDEN NAME Elizabeth Freshour	
17. INFORMANT'S NAME AND ADDRESS Hospital records VA Hospital, Asheville, NC			
PART I. DEATH CAUSED BY: (a) IMMEDIATE CAUSE: Recurrent myocardial infarction with cardiac arrest and shock (b) DUE TO, OR AS A CONSEQUENCE OF: Coronary artery disease			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I 19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 19b. No			
20a. TIME OF INJURY 7:40 a		20b. DESCRIBE HOW INJURY OCCURRED State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.	
21. OCCURRED AT 11/13 1975		22. DATE SIGNED 11/13/75	
23a. BURIAL, CREMATION, OTHER Burial		23b. NAME OF CEMETERY OR CREMATORY Skyview Mem/ Park	
24. FUNERAL HOME Morris Funeral Home, Asheville, NC		25. SIGNATURE OF FUNERAL DIRECTOR John W. Ledbetter pd	
26. DATE REC'D BY LOCAL REG. 11-17-75		27. SIGNATURE OF EMBALMER John W. Ledbetter pd	