

COPY 1 FOR STATE VITAL RECORDS

APR 6 1978
REGISTRATION DISTRICT NO. 074-00 LOCAL NO.

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

11975

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 2 & 3 to funeral director when body is released, and route copy 2 to Chief Medical Examiner. If call 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 1. Willis Henry Vandiford, Sr.			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. March 21, 1978		
COLOR OR RACE 4. White	STATE OF BIRTH (If not in U.S.A. name country) 5a. North Carolina	COUNTY OF BIRTH 6. Greene	DATE OF BIRTH (Month, Day, Year) 7. Dec. 20, 1920	AGE (IN YEARS LAST BIRTHDAY) 8. 57	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MIN
PLACE OF DEATH COUNTY 8a. Pitt	CITY OR TOWN 8b. Greenville	NAME OF HOSPITAL OR INSTITUTION 8c. Rt. 1	IF HOSP OR INST. (Specify DOA, Emer. Rm., Inpatient/O.P.) 8d.	INSIDE CITY LIMITS (SPECIFY YES OR NO) 8e. No		
RESIDENCE—STATE 9a. N. C.	COUNTY 9b. Pitt	CITY OR TOWN 9c. Greenville	STREET AND NUMBER OR RFD NO. 9d. Rt. 1, Box 296		INSIDE CITY LIMITS (Specify Yes or No) 9e. No	
CITIZEN OF WHAT COUNTRY? 10. U. S.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 12. Mamie Vandiford			
SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Farmer	KIND OF BUSINESS OR INDUSTRY 14b. Farming		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 15. Yes		
FATHER'S NAME 16. John Vandiford			MOTHER'S MAIDEN NAME 17. Stella Heath			
INFORMANT'S NAME AND ADDRESS 18a. Debbie Vandiford, R 1, Greenville, N. C.					RELATION TO DECEASED 18b. Daughter-in-law	
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE Pending Autopsy						
(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 20b. yes		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH ME OR OTHER M. F. 20c. yes	
20a. Alcohol Abuse - Emphysema						
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) 21a. Pending			DESCRIBE HOW INJURY OCCURED (ENTER NATURE OF INJURY IN PART I OR PART II) 21b.			
TIME OF INJURY 21c.	MONTH DAY YEAR HOUR	INJURY AT WORK (SPECIFY YES OR NO) 21d.	PLACE OF INJURY AT HOME FARM STREET FACTORY OFFICE BLDG ETC (SPECIFY) 21e.	CITY OR R.F.D. 21f.	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						
DEATH OCCURRED (HOUR) 22a. 9:00 A.		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22b. March 21 1978			DATE SIGNED (MONTH DAY YEAR) 23a. March 21 1978	
SIGNATURE 23b. M. L. Hester, M.D.			ADDRESS 23c. Farmville, N. C.		MEDICAL EXAMINER OF (SPECIFY COUNTY) 23d. Pitt	
BURIAL, CREMATION, OTHER (SPECIFY) 24a. Burial	DATE 24b. 3/23/78	NAME OF CEMETERY OR CREMATORY 24c. Hollywood Cemetery		LOCATION (CITY TOWN OR COUNTY) (STATE) 24d. Farmville, N.C.		
FUNERAL HOME NAME ADDRESS 25. S.G. Wilkerson & Sons—Greenville, N. C.			SIGNATURE OF FUNERAL DIRECTOR 26. Cornelius H. Hester		LICENSE NO. 923	
DATE REC'D BY LOCAL REG. 27. MAR 24 1978		SIGNATURE OF REGISTRAR 27b. [Signature]		SIGNATURE OF EMBALMER (IF EMBALMED) 28. Cornelius H. Hester		LICENSE NO. 923

Plastic Covered Document

APR 6 1978

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

SUPPLEMENTAL REPORT OF CAUSE OF DEATH

NAME OF DECEASED WILLIS HENRY VANDIFORD, Sr.			
DATE OF DEATH March 21, 1978	COUNTY OF DEATH Pitt	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	Pulmonary Embolism/Emboli	Immediate
(b) DUE TO, OR AS A CONSEQUENCE OF	Left Leg Thrombosis	Unknown
(c) DUE TO, OR AS A CONSEQUENCE OF	Chronic Injury Most Recent Jan. '78	2 mos.

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	AUTOPSY? (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
Alcohol Abuse/Emphysema/Cholelithiasis/(L) Renal Calculus	Yes	Yes

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. TIME OF INJURY MONTH DAY YEAR HOUR	20c. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20d. INJURY AT WORK (SPECIFY YES OR NO)	20e. CITY OR R.F.D.
	20f. COUNTY STATE

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ AND LAST SAW HIM, HER ALIVE ON _____ 19____ DEATH		CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE	
21. OCCURRED AT _____ M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		22. CAUSE(S) STATED ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT 8:30A M. ON 3/21/78	
23a. SIGNATURE OF CERTIFIER <i>m. Stugin, M.D.</i>	DEGREE OR TITLE	DATE SIGNED 3-23-78	ADDRESS North Main Street Farmville, N. C. 27828

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