

AUG 10 1984
Registration District No. 18-81 Local No. 445

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

026496

Type, or print
in permanent
black ink

1. Name of Deceased **Norman Glenn Whitener** Sex **Male** Date of Death **July 1, 1984**

2. Color or Race **White** State of Birth (if not U.S.A.) **N.C.** County of Birth **Catawba** Date of Birth **May 17, 1933** Age (in Years) **51** If under 1 year: Months **0** Days **0** If under 24 hours: Hours **0** Min. **0**

3. Place of Death - County **Catawba** City or Town **Hickory** Name of Hospital or Institution **Frye Regional Medical Ct.** If Hosp. or Inst. (Specify Code, if per R.M. Insurance Co.) **Inpatient** Inside City Limits (Yes or No) **Yes**

4. Residence - State **N.C.** County **Catawba** City or Town **Hickory** Street and Number or R.F.D. & Box No. **1211 11th St. N.W.** Inside City Limits (Yes or No) **Yes**

5. Citizen of What Country? **USA** Married, Never Married, Widowed, Divorced (Specify) **Married** Surviving Spouse (if Wife, Give Maiden Name) **Doris Poovey**

6. Social Security Number **[REDACTED]** Usual Occupation (Kind of work done during most of life, even if retired) **Fire Department Captain** Kind of Business or Industry **City** Was Decedent Ever in U.S. Armed Forces? (Yes or No) **Yes**

7. Father's Name **Roy H. Whitener** Mother's Maiden Name **Evadell Pierce**

8. Informant's Name and Address **Mrs Doris P. Whitener 1211 11th St. N.W. Hickory, N.C.** Relation to Deceased **Wife**

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.

(a) Immediate Cause: **CARDIOPULMONARY ARREST** 15 DAYS

(b) Due to, or as a consequence of: **VENTRICULAR FIBRILLATION** 15 DAYS

(c) Due to, or as a consequence of: **ACUTE MYOCARDIAL INFARCTION** 15 DAYS

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

20a. **ASHD: ASPIRATION PNEUMONIA**

Autopsy? (Yes or No) **NO** If yes, were findings considered in determining cause of death? **NO** Was case referred to Medical Examiner (Yes or No) **NO** Time of Death **1:46 A.M.**

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. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

Name and Title of Certifier (Type or Print) **GEORGE E. ENNIS, M.D.** Address **912 2ND ST. NE. HICKORY N.C.**

Signature of Certifier **George E. Ennis, M.D.** Date Signed **7-2-84**

Burial, Cremation, Other **Burial** Date **7-3-84** Name of Cemetery or Crematory **Fairview Cemetery** Location (City, Town or County) **Hickory, N.C.**

Funeral Home Name **Bass-Smith Funeral Home Hickory, N.C.** Address **[REDACTED]** Signature of Funeral Director **William E. Bass, D.** License No. **2237**

Date Rec'd by Local Reg. **7-3-84** Signature of Registrar **Barry R. Bliek, MPA** Signature of Embalmer (if embalmed) **Blaise Hancock** License No. **284**