

COPY 1
FOR STATE
HEALTH DEPT.

FEB 6 1975

REGISTRATION
DISTRICT NO. 66-00 LOCAL NO. _____

NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS — RALEIGH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3088

1. NAME OF DECEASED FIRST MIDDLE LAST Wilson Allen Garner		2. DATE OF DEATH (MONTH, DAY, YEAR) January 4, 1975	
3. SEX Male	4. COLOR or RACE White	5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) North Carolina	6. DATE OF BIRTH March 19, 1924
7. AGE (IN YEARS LAST BIRTHDAY) 50		8. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
9. PLACE OF DEATH a. COUNTY Northampton b. CITY OR TOWN Gaston		10. USUAL RESIDENCE (WHERE DECEASED LIVED) a. STATE North Carolina b. COUNTY Northampton	
11. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) Highway # 46, Home		12. INSIDE CITY LIMITS (SPECIFY YES OR NO) No	
13. CITY OR TOWN Gaston		14. STREET ADDRESS OR R.F.D. NO. Highway # 46	
15. INSIDE CITY LIMITS (SPECIFY YES OR NO) No		16. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. SOCIAL SECURITY NUMBER 243-20-3981		18. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Textile	
19. KIND OF BUSINESS OR INDUSTRY Textile		20. FATHER'S NAME Dennis Garner	
21. MOTHER'S MAIDEN NAME Lottie Allen		22. INFORMANT'S NAME AND ADDRESS Gene Garner 1332 Pine Dr. Henderson, N.C.	
23. RELATION TO DECEASED Son		24. PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)	
25. (a) IMMEDIATE CAUSE: suicide gunshot wound to head		26. (b) DUE TO, OR AS A CONSEQUENCE OF:	
27. (c) DUE TO, OR AS A CONSEQUENCE OF:		28. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	
29. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) SUICIDE		30. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) suicide	
31. TIME OF INJURY MONTH DAY YEAR HOUR JAN 4 1975 6:50 PM		32. INJURY AT WORK (SPECIFY YES OR NO) No	
33. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) HOME		34. CITY OR R.F.D. COUNTY STATE GASTON NORTHAMPTON NC	
35. 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.			
36. DEATH OCCURRED (HOUR) 6:50 PM		37. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR Jan 4 1975 10:45 PM	
38. DATE SIGNED JAN 4, 1975		39. SIGNATURE C. H. Hatcher, M.D.	
40. ADDRESS P.O. Box 337 JACKSON NC		41. MEDICAL EXAMINER OF (SPECIFY COUNTY) NORTHAMPTON	
42. BURIAL, CREMATION, OTHER (SPECIFY) Burial		43. DATE 1/7/1975	
44. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		45. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Henderson, N.C.	
46. FUNERAL HOME Wrenn Funeral Home Roanoke Rapids		47. SIGNATURE OF FUNERAL DIRECTOR Charles W. Hatcher	
48. DATE REC'D BY LOCAL REG. 1-8-75		49. SIGNATURE OF REGISTRAR John A. Hearn	
50. SIGNATURE OF EMBALMER (IF EMBALMED) Charles W. Hatcher		51. LICENSE NO. 1965	
52. DATE REC'D BY LOCAL REG. 1-8-75		53. SIGNATURE OF REGISTRAR John A. Hearn	
54. SIGNATURE OF EMBALMER (IF EMBALMED) Charles W. Hatcher		55. LICENSE NO. 1103	

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: 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.