

COPY 1
FOR STATE
HEALTH DEPT.

FEB--6 1974

REGISTRATION
DISTRICT NO. 66-00

LOCAL NO. 656

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS - RALEIGH
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

2701

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 3 to funeral director whose 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.

NAME OF DECEASED				FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)
DECEASED	1.	WILBERT	WYATT	GARNER	2. January 9, 1974		
	SEX	COLOR or RACE	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS HOURS MIN.
	3. Male	4. White	5. North Carolina	6. Dec. 21, 1919	7. 54		
	PLACE OF DEATH COUNTY	CITY OR TOWN	USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION				
	8a. Northampton	8b. Gaston	9a. North Carolina 9b. Northampton				
	NAME OF HOSPITAL OR INSTITUTION	IF NOT IN EITHER, GIVE STREET AND NUMBER	INSIDE CITY LIMITS SPECIFY YES OR NO	CITY OR TOWN			
	8c. Star Route - Home	8d. No	9c. Gaston				
	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	STREET ADDRESS OR R.F.D. NO.				
	10. Married	11. Rosa Moody	12. Inside City Limits (Specify Yes or No)				
	CITIZEN OF WHAT COUNTRY?	SOCIAL SECURITY NUMBER	13. 237-24-7614			14a. Merchant	
12. U.S.A.	13. 237-24-7614	14a. Merchant			14b. Produce Store		
FATHER'S NAME			MOTHER'S MAIDEN NAME				
15. Les Garner	16. Katie Wagner					RELATION TO DECEASED	
17. Mrs. Rosa M. Garner, Star Route, Gaston, N.C.						17b. Wife	
PART I. DEATH CAUSED BY:				ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: <u>SHOTGUN WOUND RIGHT CHEST</u>							<u>IMMEDIATE</u>
(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)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
19.	20a. <u>NO</u>	20b. <u>M.E. OR OTHER</u>	20c. <u>NO</u>				
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY)				DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
21a. <u>Homicide</u>	21b.	21c. <u>JAN 9 1974</u>	21d. <u>No</u>	21e. <u>Home</u>	21f. <u>Star Rt., Gaston, N.C.</u>	CITY OR R.F.D. COUNTY STATE	
TIME OF INJURY MONTH DAY YEAR HOUR				INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		
22a. <u>10:00-10:30 P.M.</u>				22b. <u>JAN 10</u>	22c. <u>1974</u>	22d. <u>1:05 A M.</u>	DATE SIGNED (MONTH, DAY, YEAR)
DEATH OCCURRED (HOUR)				THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR)			
22a. <u>10:00-10:30 P.M.</u>				22b. <u>JAN 10</u>	22c. <u>1974</u>	22d. <u>1:05 A M.</u>	22e. <u>JAN 11 1974</u>
SIGNATURE				ADDRESS			
23a. <u>C. R. Ritter</u>	23b. <u>P.O. Box 337</u>	23c. <u>MEDICAL EXAMINER OF (SPECIFY COUNTY)</u>					
BURIAL, CREMATION, OTHER (SPECIFY)				LOCATION (CITY, TOWN, OR COUNTY) (STATE)			
24a. <u>Burial</u>	24b. <u>Jan. 12, 1974</u>	24c. <u>Creatview Cemetery</u>				24d. <u>Roanoke Rapids, N.C.</u>	
FUNERAL HOME NAME				SIGNATURE OF FUNERAL DIRECTOR			
25. <u>Wrenn-Ritter, Roanoke Rapids, N.C.</u>				26. <u>J.R. Wrenn Jr.</u>			
DATE REC'D BY LOCAL REG. 27. <u>1-11-74</u>				SIGNATURE OF REGISTRAR 28. <u>John Akers</u>			
29. <u>J.R. Wrenn Jr.</u>				SIGNATURE OF EMBALMER (IF EMBALMED)			
				LICENCE NO. 30. <u>1255</u>			
				LICENCE NO. 31. <u>843</u>			