

FEB--6 1974

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

2701

REGISTRATION
DISTRICT NO. 66-00 LOCAL NO.

1. NAME OF DECEASED FIRST MIDDLE LAST WILBERT WIATT GARNER		2. DATE OF DEATH (MONTH, DAY, YEAR) January 9, 1974	
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 Dec. 21, 1919
7. AGE (IN YEARS LAST BIRTHDAY) 54		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MIN.	
8a. PLACE OF DEATH COUNTY Northampton		8b. CITY OR TOWN Gaston	
9a. USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE COUNTY North Carolina Northampton		9b. INSIDE CITY LIMITS (SPECIFY YES OR NO) No	
10. NAME OF HOSPITAL OR INSTITUTION Star Route - Home		11. INSIDE CITY LIMITS (SPECIFY YES OR NO) No	
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Rosa Moody	
14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. SOCIAL SECURITY NUMBER 237-24-7614	
16. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Merchant		17. KIND OF BUSINESS OR INDUSTRY Produce Store	
18. FATHER'S NAME Les Garner		19. MOTHER'S MAIDEN NAME Katie Wagner	
20. INFORMANT'S NAME AND ADDRESS Mrs. Rosa M. Garner, Star Route, Gaston, N.C.		21. RELATION TO DECEASED Wife	
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)			
a) IMMEDIATE CAUSE: SHOTGUN WOUND RIGHT CHEST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
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)			
19. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) HOMICIDE		20. AUTOPSY (SPECIFY) YES OR NO NO	
21. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) Home		22. IF YES, WHERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH NO	
23. TIME OF INJURY MONTH DAY YEAR HOUR JAN 9 74 10:00 P.M.		24. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Home	
25. 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.		26. DATE SIGNED (MONTH, DAY, YEAR) JAN 11 1974	
27. DEATH OCCURRED (HOUR) 10:00-10:30 P.M.		28. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR JAN 10 1974 1:05 A.M.	
29. SIGNATURE C. B. Johnson		30. ADDRESS P.O. Box 337 JACKSON, N.C. 27845	
31. MEDICAL EXAMINER OF (SPECIFY COUNTY) NORTHAMPTON		32. NAME OF CEMETERY OR CREMATORY Crestview Cemetery	
33. BURIAL, CREMATION, OTHER (SPECIFY) Burial		34. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Roanoke Rapids, N.C.	
35. FUNERAL HOME Wrenn-Ritter, Roanoke Rapids, N.C.		36. SIGNATURE OF FUNERAL DIRECTOR J. R. Wrenn	
37. DATE REC'D BY LOCAL REG. 1-11-74		38. SIGNATURE OF REGISTRAR John A. Keam	
39. SIGNATURE OF EMBALMER (IF EMBALMED) J. R. Wrenn		40. LICENSE NO. 1255	
41. SIGNATURE OF EMBALMER (IF EMBALMED) J. R. Wrenn		42. LICENSE NO. 843	

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1, 2, and 3 to funeral director. 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.