

COPY 1
STATE COPY

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY - VITAL RECORDS SECTION
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOOK 65 PAGE 149

MEDICAL EXAMINER: My work includes the certification of death. This certificate is furnished to funeral director when the body is released. If the cause of death is pending, file supplemental report of death with this certificate. (For use by coroners only.)
FURNAL DIRECTOR: Copies 1 & 2 must be completed and filed with a local registrar within 7 days after death. Copy 3, when signed by medical examiner, is your authorization for final disposition.
DPHHR 2104 (Revised 8/01)
VITAL RECORDS

Registration District No. 06800 Local No. _____

DECEDENT'S NAME (First, Middle, Last) <u>Unidentified White Female</u>		SEX <u>F</u>	DATE OF DEATH (Month, Day, Year) <u>September, 1990</u>
SOCIAL SECURITY NUMBER <u>UNK</u>	AGE - Last Birthday (Years, Months, Days) <u>20</u> <u>estimated</u>	UNDER 1 YEAR Hours <u>UNK</u>	UNDER 1 DAY Minutes <u>UNK</u>
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) _____			
9a. PLACE OF DEATH (Check only one; see instructions on other side) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <u>WALKMAN</u>			
FACILITY NAME (if not maintenance, give street and number) <u>BODY FOUND ALONG Roadside of Interstate 40</u>		CITY, TOWN, OR LOCATION OF DEATH <u>UNK</u>	COUNTY OF DEATH <u>Orange</u>
17. RITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		DECEDENT'S USUAL OCCUPATION (Give kind of work if one during most of working life. Do not use initials.)	KIND OF BUSINESS/INDUSTRY
10. <u>UNK</u>	11. <u>UNK</u>	12a. <u>UNK</u>	12b. <u>UNK</u>
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
13a. <u>UNK</u>	13b. <u>UNK</u>	13c. <u>UNK</u>	13d. <u>UNK</u>
INSIDE CITY LIMITS (Yes or No)	ZIP CODE	Was Decedent of Hispanic Origin? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Specify)	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17) _____
13a. <u>UNK</u>	13b. <u>UNK</u>	14. <u>UNK</u>	15. <u>WHITE</u>
FATHER'S NAME (First, Middle, Last) <u>UNK</u>		MOTHER'S NAME (First, Middle, Maiden Surname) <u>UNK</u>	
17. <u>UNK</u>		18. <u>UNK</u>	
INFORMANT'S NAME (Type/Print) <u>UNK</u>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
19a. <u>UNK</u>		19b. <u>UNK</u>	
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>Undetermined</u>			Approximate Interval Between Onset and Death
DUE TO (OR AS A CONSEQUENCE OF):			
Sequitentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.			
DUE TO (OR AS A CONSEQUENCE OF):			
DUE TO (OR AS A CONSEQUENCE OF):			
20a. _____			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
20b. _____		WAS AN AUTOPSY PERFORMED (Yes/No) <u>YES</u>	Were Autopsy Findings Available Prior to Completion of Death Certificate? <u>YES</u>
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Not Determined		DATE OF INJURY (Month, Day, Year) <u>7/7/90</u>	TIME OF INJURY <u>UNK</u>
21a. _____		21b. _____	21c. _____
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street and Number or Rural Route Number, City or Town, State)	
22a. <u>UNKNOWN</u>		22b. <u>UNK</u>	
22c. _____		22d. _____	
To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title of Certifier) <u>DR. JOHN BUTTS</u>			DATE SIGNED (Month, Day, Year) <u>7-16/92</u>
23a. _____			23b. _____
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)			DATE PRONOUNCED DEAD (Month, Day, Year) <u>7-16-90</u>
24a. <u>Dr. John Butts, OCME, Chapel Hill, NC 27599-7580</u>			24b. _____
METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	
25a. _____		25b. <u>Triangle Crematory</u>	
NAME AND ADDRESS OF FUNERAL HOME		LOCATION - City or Town, State, Zip Code	
26a. <u>Triangle Cremation Soc., Chapel Hill, N.C.</u>		26b. <u>Chapel Hill, NC</u>	
REGISTRAR'S SIGNATURE		SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
27. <u>Daniel B. Reimer</u>		28. <u>Kenneth Johnson</u>	
DATE FILED (Month, Day, Year)		SIGNATURE OF EMBALMER	
29. <u>July 20, 1992</u>		30. _____	