

NOV 8 1973

REGISTRATION DISTRICT NO. 18-70

LOCAL NO. 64

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

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

36032

COPY 1
FOR STATE
HEALTH DEPT.

MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 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.

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|---|----------------------------|--|--|---|---|
| 1. NAME OF DECEASED FIRST MIDDLE LAST FLOYD EDWARD YOUNT | | | 2. DATE OF DEATH (MONTH, DAY, YEAR) 10-27-73 | | |
| 3. SEX M | 4. COLOR or RACE CAU | 5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) N.C. | 6. DATE OF BIRTH DEC. 19, 1916 | 7. AGE (IN YEARS LAST BIRTHDAY) 56 | IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. |
| 8a. PLACE OF DEATH COUNTY CATAWBA | | 8b. CITY OR TOWN NEWTON | 9a. USUAL RESIDENCE (WHERE DECEASED LIVED) STATE N.C. | | 9b. COUNTY CATAWBA |
| 8c. NAME OF HOSPITAL OR INSTITUTION 501 S. BRADY AVE | | 8d. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES | 9c. CITY OR TOWN NEWTON | | 9d. STREET ADDRESS OR R.F.D. NO. 501 S. BRADY AVE |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED | | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | | 12. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | 13. SOCIAL SECURITY NUMBER | 14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| 15. FATHER'S NAME FLOYD E. YOUNT | | | 16. MOTHER'S MAIDEN NAME ANNIE SELF | | |
| 17a. INFORMANT'S NAME AND ADDRESS LT. Charles Long Newton Police Dept. | | | | 17b. RELATION TO DECEASED NONE | |
| PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c) | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. (a) IMMEDIATE CAUSE: 955X EXSANGUINATION AND BRAIN TRAUMA | | | | | 1-5 MIN |
| (b) DUE TO, OR AS A CONSEQUENCE OF: GUNSHOT WOUND OF HEAD | | | | | " |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | 20a. AUTOPSY (SPECIFY) YES OR NO YES | | 20b. M.E. OR OTHER ME |
| 21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) SUICIDE | | | 21b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) SELF INFLICTED WOUND - MOUTH THRU TOP OF HEAD | | |
| 21c. TIME OF INJURY MONTH DAY YEAR HOUR 10 27 73 6:30 P | | 21d. INJURY AT WORK (SPECIFY YES OR NO) NO | 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) HOME | | 21f. CITY OR R.F.D. COUNTY STATE NEWTON CATAWBA NC |
| 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. | | | | | |
| 22a. DEATH OCCURRED (HOUR) 7:55 P.M. | | 22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 10 27 73 | | 22c. DATE SIGNED (MONTH, DAY, YEAR) 10-27-73 | |
| 23a. SIGNATURE James Parker MD | | 23b. ADDRESS Pickens NC. | | 23c. MEDICAL EXAMINER OF (SPECIFY COUNTY) CATAWBA | |
| 24a. BURIAL, CREMATION, OTHER (SPECIFY) BURIAL | | 24b. DATE 10-29-73 | 24c. NAME OF CEMETERY OR CREMATORY EAST VIEW | | 24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) NEWTON, N.C. |
| 25. FUNERAL HOME WILLIS-REYNOLDS FUN. HOME, NEWTON, NC. | | 26. NAME WILLIAM E. STEWART | | 27. SIGNATURE OF FUNERAL DIRECTOR WILLIAM E. STEWART | |
| 28. DATE REC'D BY LOCAL REG. 10/29/73 | | 29. SIGNATURE OF REGISTRAR [Signature] | | 30. SIGNATURE OF EMBALMER (IF EMBALMED) [Signature] | |
| 31. LICENSE NO. 2468 | | 32. LICENSE NO. 1454 | | | |