

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

56

REGISTRATION DISTRICT NO. 81-00 LOCAL NO. _____

TYPE OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED Kenneth Max Burgess 2. DATE OF DEATH 2-19-71 ?
FIRST MIDDLE LAST MONTH, DAY, YEAR

3. SEX Male 4. COLOR OR RACE White 5. STATE OF BIRTH N.C. 6. DATE OF BIRTH 8-6-1953 7. AGE 17 YEARS LAST BIRTHDAY
IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MIN.

DECLASIO

8a. PLACE OF DEATH COUNTY Rutherford 8b. CITY OR TOWN Cliffside 9a. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE N.C. COUNTY Rutherford

10. NAME OF HOSPITAL OR INSTITUTION Mill Dam 11. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes 12. CITY OR TOWN Henrietta

13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married 14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 15. STREET ADDRESS OR R.F.D. No. Walnut Street 16. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes

17. CITIZEN OF WHAT COUNTRY? U.S.A. 18. SOCIAL SECURITY NUMBER 239-90-6992 19. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Student 20. KIND OF BUSINESS OR INDUSTRY

PARENTS

21. FATHER'S NAME Max Burgess 22. MOTHER'S MAIDEN NAME Gloria Hunt

23. INFORMANT'S NAME AND ADDRESS Marshall Burgess, Henrietta, N.C.

LOCAL COPY

PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, 1c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1a. IMMEDIATE CAUSE: Asphyxiation by Drowning 1b. DUE TO, OR AS A CONSEQUENCE OF: Unknown 1c. DUE TO, OR AS A CONSEQUENCE OF: Unknown
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSAL STATEMENT UNDERLYING CAUSE LAST

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (1a) AUTOPSY? (YES OR NO) yes 19c. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? yes

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Homicide 20a. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1a)

20b. TIME OF INJURY MONTH DAY YEAR HOUR 2-19-71 ? 20c. INJURY AT WORK (SPECIFY YES OR NO) no 20d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) Mill Dam 20e. CITY OR R.F.D. Cliffside, N.C., Rutherford COUNTY STATE

CERTIFIER

21. CERTIFICATION—PHYSICIAN, I ATTENDED THE DECEASED FROM _____ IF _____ TO _____ IF _____ AND LAST SAW HIM/HER ALIVE ON _____ IF _____ DEATH
Coroner's Report
22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED ABOVE THE DECEASED WAS PRONOUNCED DEAD AT _____ H. ON _____ IF _____

23. SIGNATURE OF CERTIFIER T.F. Hahn, Jr., M.D. 23a. DEGREE OR TITLE 23b. DATE SIGNED 4-21-71 23c. ADDRESS Rutherfordton, N.C.

BURIAL

24. BURIAL, CREMATION, OTHER (SPECIFY) Burial 24a. DATE 4-2-71 24b. NAME OF CEMETERY OR CREMATORY H, gh Shoals 24c. LOCATION (CITY, TOWN, OR COUNTY) STATE Mooresboro, N.C., Rt. 1

25. FUNERAL HOME Harrelson's, Henrietta, N.C. 26. SIGNATURE OF FUNERAL DIRECTOR Wiley L. Harrelson, Sr 26a. LICENSE NO. 1531

27. DATE REC'D BY LOCAL REG. 4-21-71 28. SIGNATURE OF REGISTRAR T. F. Hahn, Jr. 29. SIGNATURE OF EMBALMER (IF EMBALMED) Harry E. Harrelson 29a. LICENSE NO. 1083