

COPY 1 2
FOR STATE
VITAL RECORDS

After you have initiated the Certificate of Death, give copies 1, 2, 3 to funeral director when 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: Copy 1 must be completed and filed with the Local Registrar within 5 days after Death. Copy 3, when signed by the medical examiner is your authorization for final disposition.

JUL 10 1986

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

023301

REGISTRATION DISTRICT NO. 001-90 LOCAL NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DECEASED	NAME OF DECEASED FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
	1. VIRGINIA Daisy TROLLINGER		F	3. 6-11-86			
	COLOR OR RACE	STATE OF BIRTH (If not in U.S.A. name country)	COUNTY OF BIRTH	DATE OF BIRTH (Month, Day, Year)	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MIN
	2. Negro	5a. N. C.	5b. Alamance	6. 12-24-1910	7. 75		
	PLACE OF DEATH COUNTY	CITY OR TOWN	NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. (Specify DOA, Emer. Rm., Inpatient/O.P.)		INSIDE CITY LIMITS (SPECIFY YES OR NO)
	8a. Alamance	8b. Burlington	8c. 1116 Rauhut Street		8d.		8e. Yes
	RESIDENCE-STATE	COUNTY	CITY OR TOWN	STREET AND NUMBER OR RFD NO.		INSIDE CITY LIMITS (Specify Yes or No)	
	9a. N. C.	9b. Alamance	9c. Burlington	9d. 1116 Rauhut Street		9e. Yes	
	CITIZEN OF WHAT COUNTRY?		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
	10. The U. S. A.		11. Never Married		12.		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
13. 242-32-4792		14a. Nursing		14b. Hospital Service		15. No	
FATHER'S NAME			MOTHER'S MAIDEN NAME				
16. Thomas W. Trollinger			17. Daisy Thomas				
INFORMANT'S NAME AND ADDRESS						RELATION TO DECEASED	
18a. John C. Trollinger 535 N. Beaumont Ave. Burlington, NC						18b. nephew	
CAUSE	PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	(a) IMMEDIATE CAUSE					Sudden	
	(b) DUE TO, OR AS A CONSEQUENCE OF:						
	(c) DUE TO, OR AS A CONSEQUENCE OF:						
	CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.						
	19. (a) IMMEDIATE CAUSE Gunshot wound(s) to Abdomen						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (SPECIFY) YES OR NO M.E. OR OTHER	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
	20a. SUICIDE					20b. No	20c.
	ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY)		DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II)				
	21a. SUICIDE		21b. Self inflicted gunshot wounds to Abdomen				
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)	CITY OR R.F.D.	COUNTY STATE		
21c. 6 11 86		21d. NO	21e. HOME	21f. Burlington	Alamance N.C.		
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							
DEATH OCCURRED (HOUR)	THE DECEDENT WAS PRONOUNCED DEAD	DATE SIGNED (MONTH, DAY, YEAR)					
22a. 8:30 P	22b. 6 11 86	23a. 6-11-86					
SIGNATURE		ADDRESS		MEDICAL EXAMINER OF (SPECIFY COUNTY)			
23b. Samuel E. Scott, MD		23c. RT2, Box 159, Burlington, NC		23d. Alamance			
BURIAL, CREMATION, OTHER (SPECIFY)	DATE	NAME OF CEMETERY OR CREMATORY		LOCATION (CITY, TOWN, OR COUNTY) (STATE)			
24a. Burial	24b. 246-15-86	24c. Rest Haven Cemetery		24d. Burlington, N. C.			
FUNERAL HOME		SIGNATURE OF FUNERAL DIRECTOR		LICENSE NO.			
25. Hargett & Bryant, Burlington, N.C.		26. Daniel B. Jewson		1073			
DATE REC'D BY LOCAL REG.	SIGNATURE OF REGISTRAR		SIGNATURE OF EMBALMER (IF EMBALMED)		LICENSE NO.		
27a. June 12, 1986	27b. [Signature]		28. Daniel B. Jewson		1073		