

REGISTRATION DISTRICT NO. 011-95 LOCAL NO. _____ COUNTY OF DEATH Buncombe

DECEDENT	DECEDENT'S LEGAL NAME									
	1a. FIRST Harry		1b. MIDDLE Laverne		1c. LAST Anderson			1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE	
	2. SEX M	3a. AGE-LAST BIRTHDAY (Yrs) 65	3b. UNDER 1 Months Days	3c. UNDER 1 DAY Hours Minutes	4. DATE OF BIRTH (Month/Day/Year) October 14, 1952		5. BIRTHPLACE (County/State or Foreign Country) Newport, RI		6. DATE OF DEATH (Month/Day/Year) April 16, 2018	
	PLACE OF DEATH (Check only one)									
	7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA					7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				
	7c. FACILITY NAME (If not institution, give street and number)					7d. CITY OR TOWN		7e. COUNTY OF DEATH		
	8. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE (Give name prior to first marriage) Elizabeth Morgan		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) entertainer		10b. KIND OF BUSINESS/INDUSTRY entertainment		
	11. SOCIAL SECURITY NUMBER		12a. RESIDENCE-STATE OR FOREIGN COUNTRY North Carolina			12b. COUNTY Buncombe		12c. CITY OR TOWN Asheville		
	12d. STREET AND NUMBER					12e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12f. ZIP CODE		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.B., JD)				15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)			16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principle tribe) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese		
17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Harry Anderson					18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Suzanne Johnson					
19a. INFORMANT'S NAME Roberta Turner			19b. RELATIONSHIP TO DECEDENT business mgr.		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Cremation Services of WNC			20c. LOCATION (City or Town and State) Candler, NC					
21a. SIGNATURE OF FUNERAL DIRECTOR		21b. LICENSE NUMBER FSL2797		21c. NAME OF EMBALMER No Embalming		21d. LICENSE NUMBER				
22. NAME AND ADDRESS OF FUNERAL HOME Groce Funeral Home, Inc. 1401 Patton Ave. Asheville, NC 28806										
23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.										
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CVA Cardioembolic Cerebrovascular Accident Due to (or as a consequence of)										
b. influenza Due to (or as a consequence of)										
c. non-ischemic aortic aneurysm rupture Due to (or as a consequence of)										
d.										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26b. IF YES <input type="checkbox"/> Declined by Medical Examiner		27. TIME OF DEATH (Approximate)		28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year
30. DATE PRONOUNCED (Month/Day/Year)		31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	31d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc.			31e. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
31f. DESCRIBE HOW INJURY OCCURRED					31g. LOCATION OF INJURY (Street/Number/City/State)					
32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.										
33a. SIGNATURE AND TITLE OF CERTIFIER ASR MD					33b. LICENSE NUMBER AK 2002000196		33c. DATE SIGNED (Month/Day/Year) 4-20-18			
33d. NAME AND ADDRESS OF CERTIFIER (Print legibly) John P Gardner MD 1 Vandorblt Hlth Dr Ste 200 Asheville, NC					33e. DATE REGISTERED BY STATE					
34. FOR LOCAL REGISTRAR (Name) Alvin Croger					35. DATE FILED (Month/Day/Year) 4-23-2018					
DATE CORRECTED (Mo/Day/Yr)					ITEM(S) CORRECTED:					
DATE AMENDED (Mo/Day/Yr)					ITEM(S) AMENDED:					

BURIAL/CREMATION PERMIT
Medical Examiner: Authorization for Disposition/Transportation
After the medical examiner completes and signs this burial/transport permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state.
A copy of this form serves as a Burial/Cremation Permit.

Substitute For
DHHS 1872
(REVISED 11/2017)
N.C. VITAL RECORDS