

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 020-82 LOCAL NO. _____ COUNTY OF DEATH Pasquotank STATE FILE NO. _____

1a. FIRST NAME ANDREW		1b. MIDDLE NAME BROWN		1c. LAST NAME BROWN		1d. SUFFIX JR.		1e. LAST NAME PRIOR TO FIRST MARRIAGE			
2. SEX M		3a. AGE-LAST BIRTHDAY (Yrs) 42		3b. UNDER 1 YEAR (3c. UNDER 1 DAY) Months: _____ Days: _____ Hours: _____ Minutes: _____		4. DATE OF BIRTH (Month/Day/Year) MARCH 13, 1979		5. BIRTHPLACE (County/State or Foreign Country) PASQUOTANK CO, NC			
6. DATE OF DEATH (Month/Day/Year) APRIL 21, 2021		7a. CITY OR TOWN ELIZABETH CITY		7b. COUNTY OF DEATH Pasquotank		7c. FACILITY NAME (if not institution, give street and number) IN FRONT OF 500 ROANOKE AVE		7d. CITY OR TOWN ELIZABETH CITY			
8. MARRIAGE STATUS <input checked="" type="checkbox"/> Married, but separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never married		9. SURVIVING SPOUSE (Give name prior to first marriage) GENERAL LABORER		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) LUMBER		10b. KIND OF BUSINESS/INDUSTRY LUMBER		10c. CITY OR TOWN ELIZABETH CITY			
11. SOCIAL SECURITY NUMBER NORTH CAROLINA		12a. RESIDENCE-STATE OR FOREIGN COUNTRY PASQUOTANK		12b. COUNTY PASQUOTANK		12c. CITY OR TOWN ELIZABETH CITY		12d. ZIP CODE 27909			
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 checked="" type="checkbox"/> 8th grade or less <input checked="" type="checkbox"/> 9th-12th grade; no diploma <input 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, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree		15. DECEDENT'S 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, other Spanish/Hispanic/Latino (Specify)		16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considers himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or tribal individual) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <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"/> Other (Specify)		17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) ANDREW BROWN SR		18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) DELPHINE CHAPMAN	
19a. INFORMANT'S NAME KHALIL MALIEK FEREBEE		19b. RELATIONSHIP TO DECEDENT SON		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) SUFFOLK, VA		19d. LOCATION (City or Town and State) SUFFOLK, VA		20. 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) NANESMOND CREMATORY			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Doris A. Hester</i>		21b. LICENSE NUMBER FD-4143		21c. NAME OF EMBALMER EVERARD HUGHES		21d. LICENSE NUMBER FSL-2108		22. NAME AND ADDRESS OF FUNERAL HOME HORTONS FUNERAL HOME AND CREMATIONS 509 DOBBS STREET HERTFORD, NC 27944			
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.		23a. IMMEDIATE CAUSE (Final disease or condition resulting in death) Punctating gunshot wound of the head		23b. SEQUELAE (Due to (or as a consequence of)) Due to (or as a consequence of)		23c. UNDERLYING CAUSE (Underlying cause of death) Due to (or as a consequence of)		23d. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE (e.g., MD, DDS, DVM, LL.B., JD) Due to (or as a consequence of)			
24. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24c. APPROXIMATE INTERVAL: Onset to death Minutes		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 27. TIME OF DEATH (Approximate) 0833		26b. IF YES: Declined by Medical Examiner?		27. TIME OF DEATH (Approximate) 0833		28. 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		29. IF TRANSPORTATION INJURY: SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
30. DATE PRONOUNCED (Month/Day/Year) 04/21/2021		30a. DATE OF INJURY (Month/Day/Year) 04/21/2021		30b. PLACE OF INJURY—at home, farm, street, factory, office, building, etc. Street side		30c. LOCATION OF INJURY (Street/Number/City/State) Street side		31. DATE PRONOUNCED (Month/Day/Year) 04/21/2021			
32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Medical Examiner <input 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.		32a. SIGNATURE AND TITLE OF CERTIFIER Walter A. Meads, EMT-P		32b. NAME AND ADDRESS OF CERTIFIER (Print legibly) Walter A. Meads, EMT-P, Elizabeth City, NC 27909		32c. DATE SIGNED (Month/Day/Year) 04/21/21		32d. DATE REGISTERED BY STATE 04/26/2021			
33a. SIGNATURE AND TITLE OF REGISTRAR Walter A. Meads, EMT-P		33b. NAME AND ADDRESS OF REGISTRAR (Print legibly) Walter A. Meads, EMT-P, Elizabeth City, NC 27909		33c. DATE SIGNED (Month/Day/Year) 04/21/21		33d. DATE REGISTERED BY STATE 04/26/2021		33e. DATE AMENDED (Month/Day/Year)			

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