APR 08 1982

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES

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

Registration District No. 092-95 Local No. 313

CERTIFICATE OF DEATH

11868

1 Type, or print in permanent black ink

34-092
1-2-P

DECEASED

34-092-00

Name of Deceased: First	Middle	Last	Sex	Date of Death (Month, Day, Year)
1. Lewis	Britt	Nuckles	2. Male	3. March 4, 1982

Color or Race	State of Birth (If not U.S.A., give Country)	County of Birth	Date of Birth	Age (In Years, Last Birthday)	If under 1 year: Months	If under 1 year: Days	If under 24 hours: Hours	If under 24 hours: Min.
4. White	5a. N. C.	5b. Wake	6. 8-31-29	7. 52				

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/OP)	Inside City Limits (Yes or No)
8a. Wake	8b. Raleigh	8c. Raleigh Community Hospital	8d. ER	8e. Yes

Residence - State	County	City or Town	Street and Number or R.F.D. & Box No.	Inside City Limits (Yes or No)
9a. NC	9b. Wake	9c. Wake Forest	9d. Rt.3 Box 298 B	9e. NO

Citizen of What Country?	Married, Never Married, Widowed, Divorced (Specify)	Surviving Spouse (If Wife, Give Maiden Name)
10. USA	11. Married	12. Maxine Robinson

Social Security Number	Usual Occupation (Kind of work done during most of life, even if retired)	Kind of Business or Industry	Was Decedent Ever in U.S. Armed Forces? (Yes or No)
13. [redacted]	14a. Asst. Mgr.	14b. Brinks	15. Yes

PARENTS

Father's Name	Mother's Maiden Name
16. W. O. Nuckles	17. Mary Jackson

Informant's Name and Address	Relation to Deceased
18a. Mrs. Maxine Nuckles, Rt. 3, Box 298-B, Wake Forest, N. C.	18b. Wife

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

		Approximate Interval Between Onset and Death
Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.	(a) Immediate Cause: Inferior Myocardial Infarction	Hrs
	(b) Due to, or as a consequence of:	
19.	(c) Due to, or as a consequence of:	

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

20a.

Autopsy? (Yes or No)	If yes, were findings considered in determining cause of death	Was case referred to Medical Examiner (Yes or No)	Time of Death
20b. No	20c.	21. No	22. 1013 P M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

Sign with permanent black ink.

Name and Title of Certifier (Type or Print)	Address
23a. MICHAEL ZELLNOVER	23b. 1212 CEDARHURST DR RALEIGH

Signature of Certifier	Date Signed
23c. Michael Zellnover MD	23d. 3/4/82

BURIAL

Burial, Cremation, Other (Specify)	Date	Name of Cemetery or Crematory	Location (City, Town or County) (State)
24a. Burial	24b. 3-7-82	24c. Pine Forrest	24d. Wake Co., N. C.

Funeral Home Name Address	Signature of Funeral Director	License No.
25. Brown-Wynne, Wake Forest, N. C.	26. William H. Willis	867

Date Rec'd by Local Reg.	Signature of Registrar	Signature of Embalmer (If embalmed)	License No.
27a. MAR 8 1982	27b. Robert M. Bell, Jr.	28. William H. Willis	867

DHS 1872
FORM 8
REV. 7/79