COPY 1
FOR STATE
VITAL RECORDS

JAN 7 1982

REGISTRATION DISTRICT NO. 065-90 LOCAL NO.

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

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

48047

DECEASED

1. NAME OF DECEASED (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Robert Mitchell Wynn	M	6 Dec. 1981

4. COLOR OR RACE	5a. STATE OF BIRTH (If not in U.S.A., name country)	5b. COUNTY OF BIRTH	6. DATE OF BIRTH (Month, Day, Year)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MIN.
W	S. C.	Anderson	Sept, 24, 1953	28		

8a. PLACE OF DEATH — COUNTY	8b. CITY OR TOWN	8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER)	8d. IF HOSP. OR INST. (Specify DOA, Emer. Rm., Inpatient / O.P.)	8e. INSIDE CITY LIMITS (SPECIFY YES OR NO)
New Hanover	Wilmington	New Hanover Mem. Hospital	DOA	Yes

9a. RESIDENCE—STATE	9b. COUNTY	9c. CITY OR TOWN	9d. STREET AND NUMBER OR RFD NO.	9e. INSIDE CITY LIMITS (Specify Yes or No)
N. C.	New Hanover	Wilmington	111 Owl Lane	No

10. CITIZEN OF WHAT COUNTRY?	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
USA	NEVER MARRIED	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	14b. KIND OF BUSINESS OR INDUSTRY	15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
248-92-4211	Banquet Mge.	Blackade Runner Motel	No

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME
Carl Wynn	Dorothy Wieler

18a. INFORMANT'S NAME AND ADDRESS	18b. RELATION TO DECEASED
Daryl Wynn, 109 Hillbrook Court, Raleigh, N. C. 27529	Brother

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Autopsy report 12-23-81 (a) IMMEDIATE CAUSE	Smoke inhalation Thermal burns	minutes
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. 19.	(b) DUE TO, OR AS A CONSEQUENCE OF:	
	(c) DUE TO, OR AS A CONSEQUENCE OF:	

CAUSE AMENDED JAN 25 1982 SUPPLEMENTAL REVERSE SIDE

PART II. OTHER SIGNIFICANT CONDITIONS — CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

20a.	AUTOPSY (SPECIFY) 20b. YES OR NO	ME OR OTHER	IF YES 20c. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
	yes		yes

21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY)	21b. DESCRIBE HOW INJURY OCCURED (ENTER NATURE OF INJURY IN PART I OR PART II)
Accident	Burning building

21c. TIME OF INJURY: MONTH	DAY	YEAR	HOUR	21d. INJURY AT WORK (SPECIFY YES OR NO)	21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	21f. CITY OR R.F.D.	COUNTY	STATE
12	6	81	M			Wrightsville Beach	New Hanover	N.C.

CERTIFIER

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

22a. DEATH OCCURRED (HOUR)	22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH	DAY	YEAR	HOUR	23a. DATE SIGNED (MONTH, DAY, YEAR)
2:00A M	12	6	1981	2:00 A M	6 Dec. 1981

23b. SIGNATURE	23c. ADDRESS	23d. MEDICAL EXAMINER OF (SPECIFY COUNTY)
Leon R. Ungren, M.D.	1902 Druid Lane Wilmington, N.C.	New Hanover

BURIAL

24a. BURIAL, CREMATION, OTHER (SPECIFY)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Cremation	12/9/81	Mackey Crematory	Greenville, S. C.

25. FUNERAL HOME NAME, ADDRESS	SIGNATURE OF FUNERAL DIRECTOR	LICENSE NO.
Robinson Funeral Home, Easley, S. C.	Lonnie B. Bagley	FSL 912

27a. DATE REC'D BY LOCAL REG.	27b. SIGNATURE OF REGISTRAR	28. SIGNATURE OF EMBALMER (IF EMBALMED)	LICENSE NO.
DEC - 7 1981	James M. Brown AP	Lonnie B. Bagley	FSL 912

DHS FORM 2164
REV. 1/78

MEDICAL EXAMINER: 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 6 days after Death. Copy 3, when signed by the medical examiner is your authorization for final disposition.