CERTIFICATION OF VITAL RECORD

Filed: 3/6/2017 2:58

C-1-PB-17-000466

JOHNSTON COUNTY
OFFICE OF REGISTER OF DEEDS

Dana DeBeauvoir
Travis County Clerk
C-1-PB-17-000466
Olivia Ruiz

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NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 051-00 LOCAL NO. COUNTY OF DEATH JOHNSTON STATE FILE NO.

DECEDENT

1a. DECEDENT'S LEGAL NAME
1b. FIRST: Christopher
1c. MIDDLE: Michael
1d. LAST: Porter
1e. SUFFIX:
1f. LAST NAME PRIOR TO FIRST MARRIAGE:

2. SEX: M
3a. AGE-LAST BIRTHDAY (Yrs): 36
3b. UNDER 1 YEAR: Months
3c. UNDER 1 DAY: Days, Hours, Minutes
4. DATE OF BIRTH (Month/Day/Year): 09/09/1980
5. BIRTHPLACE (County/State or Foreign Country): Jefferson Co., AL
6. DATE OF DEATH (Month/Day/Year): 10/19/2016

PLACE OF DEATH (Check only one)
6a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
6b. IF DEATH OCCURRED SOMEWHERE ELSE THAN A HOSPITAL: ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify): Highway
7a. FACILITY NAME (If not hospital, give street and number): I95 N Bound at the 88 mile marker
7b. CITY OR TOWN: Four Oaks
7c. COUNTY OF DEATH: Johnston County

8. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
9. SURVIVING SPOUSE (Give name prior to first marriage):
10. DECEDENT'S USUAL OCCUPATION (Do not use retired): Musician
11. KIND OF BUSINESS/INDUSTRY: Music
12. RESIDENCE-STATE OR FOREIGN COUNTRY: Texas
13. COUNTY: Travis
14. CITY OR TOWN: Austin
15. STREET AND NUMBER: 4704 Hill Spring Cir
16. INSIDE CITY LIMITS: ☒ Yes ☐ No
17. ZIP CODE: 78721-1605
18. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

NOTE: FOR DEATHS OF 15 YEARS OR OLDER, THE INFORMATION ON THIS PAGE WILL BE USED FOR STATISTICAL PURPOSES ONLY.

19. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

20. 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)
☐ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)

21. DECEDENT'S RACE (Check one or more to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Other Race (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese ☐ Other (Specify)

PARTIES

22. FATHER'S NAME (First, Middle, Last): Michael Porter
23. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nancy Lister
24. INFORMANT'S NAME: Michael Porter
25. RELATIONSHIP TO DECEDENT: Father
26. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3002 Forest Dr, Pell City, AL 35128-7044

DISPOSITION

27a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
27b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Boykin Trail Cemetery
27c. LOCATION (City or Town and State): Pell City, AL
27d. SIGNATURE OF FUNERAL DIRECTOR
27e. LICENSE NUMBER: FSL 1710
27f. NAME OF EMBALMER: Brian Brown
27g. LICENSE NUMBER: FSL2626
27h. NAME AND ADDRESS OF FUNERAL HOME: McLaurin Funeral Home 12830 US 70 Business Hwy W, Clayton, NC 27520

MEDICAL CERTIFICATION

28. 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, cardiac failure, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Multiple Blunt Force Traumatic Injures — Approximate interval between onset and death: Immediate
Due to (or as a consequence of): b.
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST

Part II. List other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☐ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined
31. WAS CASE REFERRED TO MEDICAL EXAMINER? ☐ Yes ☐ No
31a. IF YES: ☐ Confirmed by Medical Examiner
32. TIME OF DEATH (Approximate): 14:29
33. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
34. IF FEMALE: ☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

35. DATE PRONOUNCED DEAD (Month/Day/Year): 10/19/2016
36a. DATE OF INJURY (Month/Day/Year): 10/19/2016
36b. TIME OF INJURY: 14:16
36c. INJURY AT WORK: ☐ Yes ☒ No
36d. PLACE OF INJURY (At home, farm, street, factory, office, school, etc.): Interstate Highway
36e. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☒ Passenger ☐ Pedestrian ☐ Other (Specify)
36f. DESCRIBE HOW INJURY OCCURRED: By riding in an RV/Bus that was struck by multiple vehicles
36g. LOCATION OF INJURY (Street/Number/City/State): I95 N Bound 88 MM, Four Oaks, NC

CERTIFIER

37a. CERTIFIER (Check only one)
☐ 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.
☒ Medical Examiner – On the basis of examination, external investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.
37b. SIGNATURE AND TITLE OF CERTIFIER: Jason A. Thompson, EMT-P
37c. LICENSE NUMBER: PO32715
37d. DATE SIGNED (Month/Day/Year): 10/21/2016
37e. NAME AND ADDRESS OF CERTIFIER (Print legibly): Jason A. Thompson, EMT-P
37f. DATE REGISTERED BY STATE:

REGISTRAR

38. FILED (Local Registrar's Signature): Emily Reed Asst Dep Reg.
38a. DATE FILED (Month/Day/Year): 10-21-2016
DATE CORRECTED (Month/Day/Year):
ITEM(S) CORRECTED:
DATE AMENDED (Month/Day/Year):
ITEM(S) AMENDED:

Substitute For

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

051-220692

Witness my hand and official seal this the 21st day of October, 20 16

Craig Olive
Register of Deeds
Johnston County

By: Amy S. Zimmerman
~~Deputy~~/Assistant Register of Deeds

DHHS 3914 (REVISED 8/15) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

AuroTech, Incorporated

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNOFFICIAL