

CERTIFICATE OF DEATH



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BK 106 PG 394

REGISTRATION DISTRICT NO. 011-95

LOCAL NO.

COUNTY OF DEATH Buncombe

DECEDENT TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST: Jan
1b. MIDDLE: Michael
1c. LAST: Vincent
1d. SUFFIX: ---
1e. LAST NAME PRIOR TO FIRST MARRIAGE: ---

2. SEX: M
3a. AGE-LAST BIRTHDAY (Yrs): 73
3b. UNDER 1 YEAR: Months, Days, Hours, Minutes
3c. UNDER 1 DAY: ---
4. DATE OF BIRTH (Month/Day/Year): July 15, 1945
5. BIRTHPLACE (County/State or Foreign Country): Adams/CO
6. DATE OF DEATH (Month/Day/Year): February 10, 2019

7a. IF DEATH OCCURRED IN A HOSPITAL: Inpatient ER/Outpatient DOA
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing home/Long term care facility Decedent's home Other (Specify)

7c. FACILITY NAME (If not institution, give street and number): Memorial Campus
7d. CITY OR TOWN: Asheville
7e. COUNTY OF DEATH: Buncombe

8. MARITAL STATUS: Married Married, but separated Widowed Divorced Never married Unknown
9. SURVIVING SPOUSE (Give name prior to first marriage): Patricia Ann Christ
10a. DECEDENT'S USUAL OCCUPATION (Do not use retired): American Actor
10b. KIND OF BUSINESS/INDUSTRY: Film Industry

11. SOCIAL SECURITY NUMBER: [Redacted]
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: North Carolina
12b. COUNTY: Buncombe
12c. CITY OR TOWN: Asheville

12d. STREET AND NUMBER: [Redacted]
12e. INSIDE CITY LIMITS: Yes No
12f. ZIP CODE: [Redacted]
13. WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death): Some college credit, but no degree
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): No, not Spanish/Hispanic/Latino
16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be): White

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage): Lloyd Whiteley Vincent
18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage): Doris Jane Pace

19a. INFORMANT'S NAME: Patricia Ann Vincent
19b. RELATIONSHIP TO DECEDENT: Wife
19c. MAILING ADDRESS (Street and Number, City, State, Zip Code): [Redacted]

20a. METHOD OF DISPOSITION: Burial Cremation
 Donation Entombment Removal from State Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other): [Redacted]
20c. LOCATION (City or Town and State): Asheville, NC

21a. SIGNATURE OF FUNERAL DIRECTOR: James A. Rice Jr.
21b. LICENSE NUMBER: [Redacted]
21c. NAME OF EMBALMER: Not Embalmed
21d. LICENSE NUMBER: N/A

22. NAME AND ADDRESS OF FUNERAL HOME: [Redacted]

BURIAL/CREMATION PERMIT Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this burial transit 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.

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. Cardiac Arrest
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. bradycardia
c.
d.
Approximate interval: Onset to death: minutes

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
24a. WAS AN AUTOPSY PERFORMED? Yes No
24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

25. MANNER OF DEATH: Natural Homicide Accident Pending Suicide Cannot be determined
26a. WAS CASE REFERRED TO MEDICAL EXAMINER? Yes No
26b. IF YES Declined by Medical Examiner
27. TIME OF DEATH (Approximate): 4:24 PM
28. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
29. 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

30. DATE PRONOUNCED (Month/Day/Year)
31a. DATE OF INJURY (Month/Day/Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? Yes No
31d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc.
31e. IF TRANSPORTATION INJURY SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify)
31f. DESCRIBE HOW INJURY OCCURRED
31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. 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, 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: Ashley P. Helgeson, MD
33b. [Redacted]
33c. DATE SIGNED (Month/Day/Year): 02/12/2019
34. NAME AND ADDRESS OF CERTIFIER (Print legibly): Ashley P. Helgeson, MD

REGISTRAR

34. FOR LOCAL REGISTRAR (Name): [Redacted]
35. DATE FILED (Month/Day/Year): TR 2-13-19

DATE CORRECTED (Mo/Day/Yr)
DATE AMENDED (Mo/Day/Yr)
ITEM(S) CORRECTED:
ITEM(S) AMENDED: