

GEORGIA DEATH CERTIFICATE

State File Number 2020GA000103586

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) <b>ALEX REED PAXTON</b>		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX <b>MALE</b>	2a. DATE OF DEATH (Mo., Day, Year) <b>ACTUAL DATE OF DEATH 10/27/2020</b>	
3. SOCIAL SECURITY NUMBER [REDACTED]	4a. AGE (Years) <b>31</b>	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days Hours Mins.		5. DATE OF BIRTH (Mo., Day, Year) [REDACTED] <b>1989</b>	
6. BIRTHPLACE <b>OHIO</b>	7a. RESIDENCE - STATE <b>NORTH CAROLINA</b>	7b. COUNTY <b>CABARRUS</b>		7c. CITY, TOWN <b>MOUNT PLEASANT</b>		
7d. STREET AND NUMBER [REDACTED]		7e. ZIP CODE <b>28124</b>	7f. INSIDE CITY LIMITS? <b>YES</b>		8. ARMED FORCES? <b>NO</b>	
8a. USUAL OCCUPATION <b>COMMERCIAL DIVER</b>		8b. KIND OF INDUSTRY OR BUSINESS <b>UNDERWATER CONSTRUCTION</b>				
9. MARITAL STATUS <b>NEVER MARRIED</b>		10. SPOUSE NAME			11. FATHER'S FULL NAME (First, Middle, Last) [REDACTED]	
12. MOTHER'S MAIDEN NAME (First, Middle, Last) [REDACTED]		13a. INFORMANT'S NAME (First, Middle, Last) [REDACTED]			13b. RELATIONSHIP TO DECEDENT <b>MOTHER</b>	
13c. MAILING ADDRESS <b>168 UNION STREET CONCORD NORTH CAROLINA 28025</b>				14. DECEDENT'S EDUCATION <b>ASSOCIATE DEGREE</b>		
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) <b>WHITE</b>				
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) <b>LAKE OLIVER HYDROELECTRIC DAM</b>				
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) <b>5501 RIVER ROAD</b>			19. CITY, TOWN or LOCATION OF DEATH <b>COLUMBUS</b>		20. COUNTY OF DEATH <b>MUSCOGEE</b>	
21. METHOD OF DISPOSITION (specify) <b>CREMATION</b>		22. PLACE OF DISPOSITION <b>HARTSELL FUNERAL HOME CREMATORY 13575 BROADWAY AVENUE MIDLAND NORTH CAROLINA 28107</b>			23. DISPOSITION DATE (Mo., Day, Year) <b>11/09/2020</b>	
24a. EMBALMER'S NAME		24b. EMBALMER LICENSE NO.	25. FUNERAL HOME NAME <b>HARTSELL FUNERAL HOME</b>			
25a. FUNERAL HOME ADDRESS <b>460 BRANCHVIEW DRIVE NE CONCORD NORTH CAROLINA 28025</b>						
26a. SIGNATURE OF FUNERAL DIRECTOR <b>JASON BRADLEY</b>			26b. FUN. DIR. LICENSE NO. <b>3421</b>	AMENDMENTS		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>10/27/2020</b>		28. HOUR PRONOUNCED DEAD <b>14:40 MILITARY</b>				
29a. PRONOUNCER'S NAME <b>DARIUS BROWN</b>			29b. LICENSE NUMBER <b>052683</b>	29c. DATE SIGNED <b>10/27/2020</b>		
30. TIME OF DEATH <b>14:40 MILITARY</b>		31. WAS CASE REFERRED TO MEDICAL EXAMINER <b>YES</b>				
32. 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. DO NOT ABBREVIATE.					Approximate interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)					A. <b>MECHANICAL ASPHYXIA</b> Due to, or as a consequence of	
					B. <b>COMPRESSION OF UPPER EXTREMITY</b> Due to, or as a consequence of	
					C. Due to, or as a consequence of	
					D. Due to, or as a consequence of	
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.			33. WAS AUTOPSY PERFORMED? <b>YES</b>		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <b>YES</b>	
35. TOBACCO USE CONTRIBUTED TO DEATH <b>NO</b>		36. IF FEMALE (range 10-54) PREGNANT <b>NOT APPLICABLE</b>		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>ACCIDENT</b>		
38. DATE OF INJURY (Mo., Day, Year) <b>10/27/2020</b>	39. TIME OF INJURY <b>13:36 MILITARY</b>	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) <b>LAKE OLIVER HYDROELECTRIC DAM</b>			41. INJURY AT WORK? (Yes or No) <b>YES</b>	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County) <b>5501 RIVER ROAD COLUMBUS GEORGIA 31904 MUSCOGEE</b>						
43. DESCRIBE HOW INJURY OCCURRED <b>ARM STUCK IN DRAINAGE PIPE</b>				44. IF TRANSPORTATION INJURY <b>UNKNOWN</b>		
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.)				46. 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) stated. Medical Examiner/Coroner (Name, Title, License No.) <b>/S/ EDDIE L BRYAN CORONER</b>		
45a. DATE SIGNED (Mo., Day, Year)		45b. HOUR OF DEATH		46a. DATE SIGNED (Mo., Day, Year) <b>07/30/2021</b>		46b. HOUR OF DEATH <b>14:40 MILITARY</b>
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>EDDIE L BRYAN 510 10TH STREET COLUMBUS GEORGIA 31901</b>						
48. REGISTRAR (Signature) <b>/S/ CHRISTOPHER JP HARRISON</b>				49. DATE FILED - REGISTRAR (Mo., Day, Year) <b>08/04/2021</b>		