STATE COPY

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECORDS SECTION

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0330

Registration District No. 065-90 Local No.

Decedent's Name (First, Middle, Last)	BRANDON BRUCE LEE / Brandon Bruce Lee	
Sex	M	
Date of Death	March 31, 1993	
Social Security Number	531-58-3340	
Age - Last Birthday (Years)	28	
Date of Birth	Feb. 1, 1965	
Birthplace	Oakland, Calif.	
Was Decedent Ever in U.S. Armed Forces?	No	
Place of Death	Hospital: Inpatient	
Facility Name	New Hanover Mem. Hosp	
City, Town, or Location of Death	Wilmington	
Inside City Limits?	Yes	
County of Death	New Hanover	
Marital Status	Never Married	
Surviving Spouse	----------------	
Decedent's Usual Occupation	Actor	
Kind of Business/Industry	Cinematography	
Residence — State	California	
County	Los Angeles	
City, Town, or Location	Beverly Hills	
Street and Number	1905 Benedict Canyon	
Inside City Limits	Yes	
Zip Code	90210	
Was Decedent of Hispanic Origin?	No	
Race	White	
Decedent's Education	14	
Father's Name	Bruce Jun Fan Lee	
Mother's Name	Linda Emery	
Informant's Name	Bruce Cadwell	
Mailing Address	2165 Blue Stem Ln., Boise, Idaho, 83706	

PART I. Enter the diseases, injuries, or complications that caused the death.

		Approximate Interval Between Onset and Death
Immediate Cause	a. GSW of abdomen	
Due to (or as a consequence of):	b.	
Due to (or as a consequence of):	c.	
Due to (or as a consequence of):	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

Was an Autopsy Performed?	Yes
Were Autopsy Findings Available Prior to Completion of Cause of Death?	[illegible]
Manner of Death	Accident
Date of Injury	3/30/93
Time of Injury	12:30
Injury at Work?	Yes
Describe How Injury Occurred	GSW
Place of Injury	Movie Studio
Location	N. 23rd St., Wilmington
Time of Death	1:03 P
Certifier (Signature and Title)	Leon R Andrews, MD
Date Signed	4/1/93
Name and Address of Person Who Completed Cause of Death	Leon R Andrews, MD, Wilmington
Date Pronounced Dead	3/31/93
Method of Disposition	Burial
Place of Disposition	Lake View Cemetary
Location	Seattle, Washington
Name and Address of Funeral Home	Andrews Mortuary Market St., Wilmington, NC
Signature of Funeral Service Licensee	[signature]
License Number	1021
Registrar's Signature	Robert S. Andrews Jr.
Date Filed	APR 0 5 1993
Signature of Embalmer	[signature]
License Number	7829

JUL-10-95 MON 08:41

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF POSTMORTEM MEDICOLEGAL EXAMINATION
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
93-4265
Case number
APR 16 1993
Date received
☐ Res ☐ NR

DECEDENT: Brandon (First) (Middle) Lee (Last) (Suffix)
RESIDENCE: 1905 Benedict Canyon (Number and Street) Beverly Hills, Calif (City, State) (County)
AGE: 27 SEX: ☒ Male ☐ Female ☐ Unknown
RACE: ☐ Black ☐ Native American ☒ Oriental ☐ White ☐ Unknown
HISPANIC ORIGIN: ☐ Yes ☐ No ☐ Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	3/31/93	12:30A	Carolco Studios ☒ Injury occurred on the job	New Hanover
DEATH	"	1:03 P	NHRMC	" "
VIEW OF BODY	"	4:00 P	☐ Scene of death ☒ Hospital ☐ Funeral home ☐ Other ☐ Not viewed	
M.E. NOTIFIED	"	1:45P	LAW ENFORCEMENT AGENCY: W PD 065002	
LAST KNOWN TO BE ALIVE			OFFICER: Bryan Patten TELEPHONE:	

AUTOPSY: ☐ None ☒ M.E. Authorized ☐ Non-M.E. Autopsy facility: Onslow Mem. Hosp.
BLOOD SAMPLE: ☐ Mailed ☒ Obtained by pathologist ☐ Reason not obtained: H67001 BAC < 10 mg/100 (Hospital lab)

PROBABLE CAUSE OF DEATH: ☐ Pending
1. GSW of the abdomen
DUE TO
2.
DUE TO
3.
DUE TO
4.

CONTRIBUTING CONDITIONS

MANNER OF DEATH:
☐ Natural ☒ Accident ☐ Homicide ☐ Suicide ☐ Pending

OCME USE ONLY
1.
DUE TO
2.
DUE TO
3.
DUE TO
4.

CONTRIBUTING CONDITIONS
☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Undetermined
Pathologist: [signature] Date: 5/6/93

SDC
☒ None
☐ AL
☐ Dictated
☐ COG
STATUS
☐ NP

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

D.C. mailed 4/1/93

Leon P. Andrews, MD — Signature of Medical Examiner | 4/1/93 — Date | New Hanover — County of Appointment | #6523 — M.E. Number

DEHNR 1114 (Revised 12/89)
Medical Examiner (Review 12/90)

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

On a movie set, ē cameras grinding, a simulated shooting became real when this man was shot ē a .44 cal. revolver. He exsanguinated about 12½ hours later.

Autopsy authorized.

L.P. Andrews, MD

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).
PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.
DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.
DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with [illegible]

MEDICAL HISTORY

CONDITION(S): ☐ Alcoholism ☐ Diabetes ☐ IV drug abuse ☐ Ischemic heart disease ☐ Smoking ☐ Seizure disorder ☐ Cancer ☐ Hypertension ☐ Depression ☐ Other ______

TREATMENT: Physician: W Green McMurray City: Wilmington
Hospitalized: ☑ Yes x NHMC ☐ No ☐ Unknown
Name of Facility

MEANS OF DEATH

☐ **VEHICLE:** Type of vehicle associated with this decedent:
☐ Passenger car ☐ Pickup truck ☐ Truck--more than 2 axles ☐ Motorcycle
☐ Bicycle ☐ Farm vehicle ☐ ATV ☐ Moped ☐ Other ______
Position: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Unknown
Devices: ☐ Seat restraints ☐ Air bag ☐ Helmet ☐ Child restraint ☐ None ☐ Unknown
Number of vehicles involved: ______

☑ **GUN:** ☐ Rifle--Caliber ______ ☑ Handgun--Caliber 0.44 ☐ Shotgun--Gauge ______
☐ Other ______ ☐ Unknown

☐ **INSTRUMENT:** ☐ Blunt ☐ Sharp Description: ______

☐ **TOXIC AGENT(S) SUSPECTED:** ☐ Alcohol ☐ Others ______

☐ **DROWNING:** ☐ Pond ☐ Lake or river ☐ Ocean ☐ Pool ☐ Bathtub ☐ Other ______
Activity: ______ ☐ Life preserver ☐ Non-swimmer

☐ **FIRE:** Suspected cause: ______ ☐ Smoke detector present

☐ **FALL:** From ______ to ______ Approximate distance ______ feet

DESCRIPTION OF PREMISES

INJURY OR ILLNESS ☐ Inside ☐ Outside Residential ______ Other ______ Specify ______

DEATH ☑ Inside ☐ Outside Residential ______ Other Hospital Specify ______

Please be as specific as possible, as indicated in these examples. Residential: house, apartment, trailer, hotel, nursing home, *etc.* **Other:** retail establishment, school, hospital, jail, bar, *etc.* **Outside:** parking lot, wooded area, farm pasture, farm pond, city park, *etc.*

DESCRIPTION OF BODY

CONDITION: ☑ Intact ☐ Early decomposition ☐ Advanced decomposition ☐ Skeletonized ☐ Embalmed ☐ Charred ☐ Prolonged immersion

RIGOR: ☐ None ☑ 1+ ☐ 2+ ☐ 3+ **LIVOR:** ☐ None ☐ Anterior ☐ Posterior ☐ Lateral

HEIGHT: ______ inches ☐ Estimate **WEIGHT:** ______ pounds ☐ Estimate

BODY TEMPERATURE: ☑ Warm ☐ Cool ☐ Cold **HAIR:** Color ______ ☐ Beard ☐ Mustache

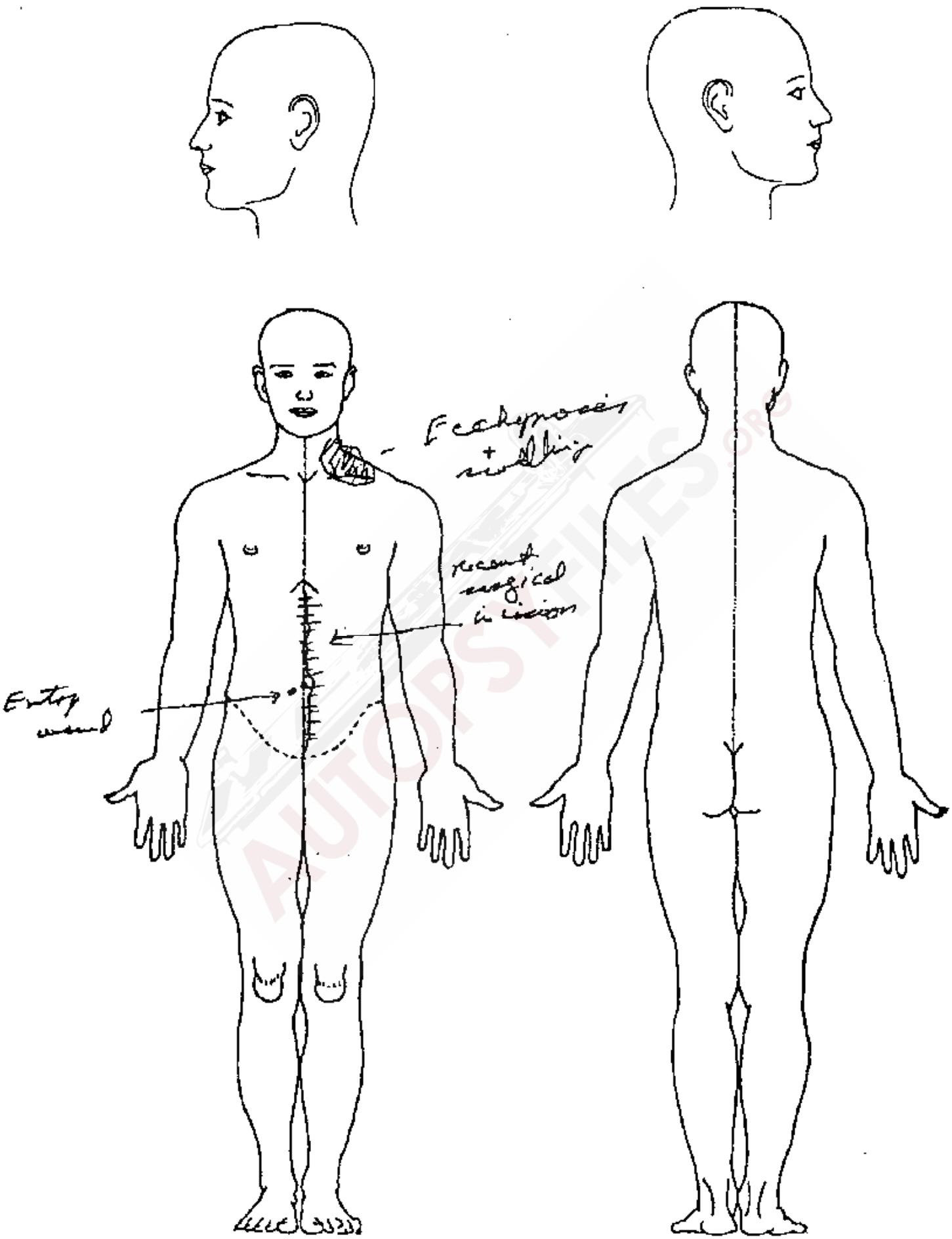
EYES: Color Grey Abnormalities ______

TEETH: Upper ☑ Natural ☐ Dentures ☐ Abnormalities ______
Lower ☑ Natural ☐ Dentures ☐ Abnormalities ______

CLOTHING: ______ ☑ No clothes

VALUABLES: ______ ☐ No valuables

BODY DIAGRAMS



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

Name: Brandon Lee
Case Number : 93-04265
Date Of Report: 04-06-93

TOXICOLOGY REPORT
Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580

Tox Number: T93-04067

ORIGINAL REPORT
FOR CASE FOLDER

ME: Dr. Leon P. Andrews

Path: Dr. Walter D. Gable

Other:

Cty: New Hanover

Signature: W. D. Matthews

ID:	SPECIMEN:	SOURCE:	COND:	FROM:	ACC.DATE:
A	Blood	Vena Cava	Postmort	PA	04-02-93
DATE:	ANALYTE:		TEST RESULT:		
04-05-93	Ethanol		Negative		

ID:	SPECIMEN:	SOURCE:	COND:	FROM:	ACC.DATE:
B	Blood	Vena Cava	Postmort	PA	04-02-93
DATE:	ANALYTE:		TEST RESULT:		
00-00-00			No Test - Held		

ID:	SPECIMEN:	SOURCE:	COND:	FROM:	ACC.DATE:
C	Blood	Vena Cava	Postmort	PA	04-02-93
DATE:	ANALYTE:		TEST RESULT:		
00-00-00			No Test - Held		

COMMENTS:

* * * E N D O F R E P O R T * * *