

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

118

Registration District No. 01400 Local No. _____

1. Ottis Randall Stokes		SEX 2. M	DATE OF DEATH (Month, Day, Year) 3. 01-18-1995
SOCIAL SECURITY NUMBER 4. 239-12-8052	AGE—Last Birthday (Years) 5. 82	UNDER 1 YEAR Months Days 5b. _____	UNDER 1 DAY Hours Minutes 5c. _____
DATE OF BIRTH (Month, Day, Year) 6. 06-01-1912		BIRTHPLACE (County and State or Foreign Country) 7. Pitt Co., NC	
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) 8. Yes		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
FACILITY NAME (If not institution, give street and number) 9b. Rt. 2, Box 527		CITY, TOWN, OR LOCATION OF DEATH 9c. Ayden	INSIDE CITY LIMITS? (Yes or No) 9d. No
CITY, TOWN, OR LOCATION OF DEATH 9c. Ayden		COUNTY OF DEATH 9e. Pitt	
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Novella Mills	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. Draftsman	KIND OF BUSINESS/INDUSTRY 12b. Tax Assessor
RESIDENCE—STATE 13a. NC	COUNTY 13b. Pitt	CITY, TOWN, OR LOCATION 13c. Ayden	STREET AND NUMBER 13d. Rt. 2, Box 527
INSIDE CITY LIMITS? (Yes or No) 13e. No	ZIP CODE 13f. 28513	Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify) 14. No	RACE—American Indian, Black, White, Etc. (Specify) 15. White
FATHER'S NAME (First, Middle, Last) 17. George Thomas		MOTHER'S NAME (First, Middle, Maiden Surname) 18. Maggie Campbell	
INFORMANT'S NAME (Type/Print) 19a. Greg T. Stokes		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 1041 E. Rock Springs Road, Greenville, NC 27858	DATE AMENDED 19c. _____
Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)			Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Myocardial Infarction		immediate
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiates events resulting in death) LAST.	b. Coronary artery disease		20 years
	c. _____		
	d. _____		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.			
20b. AUTOPSY? (Yes or No) If yes, were findings considered in determining cause of death? Was case referred to Medical Examiner? (Yes or No) TIME OF DEATH			
21a. no	21b. _____	21c. no	22. _____ M.
NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.			
SIGNATURE AND TITLE OF CERTIFIER 23a. [Signature]		DATE SIGNED (Month, Day, Year) 23b. 1/24/95	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) 24. Donald R. Beris Ayden NC 27834			
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal 25a. <input type="checkbox"/> Donation <input type="checkbox"/> Other	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b. Pinewood Memorial Park	LOCATION — City or Town, State, Zip Code 25c. Greenville, NC 27836	
NAME AND ADDRESS OF FUNERAL HOME 26a. S.G. Wilkerson & Sons, Greenville, NC 27836		SIGNATURE OF FUNERAL DIRECTOR 26b. Gregory D. Parker	LICENSE NUMBER 26c. 1959
REGISTRAR'S SIGNATURE 27. C. T. Smith	DATE FILED (Month, Day, Year) 28. JAN 26 1995	SIGNATURE OF EMBALMER 28d. Gregory D. Parker	LICENSE NUMBER 26e. 1959

DECEDENT

PARENTS

INFORMANT

CAUSE OF DEATH

CERTIFIER

DISPOSITION