

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE CENTER FOR HEALTH STATISTICS — N. C. VITAL RECORDS
CERTIFICATE OF DEATH

974

Registration District No. 07490 Local No.

1. NOVELLA STOKES PAGE						SEX	DATE OF DEATH (Month, Day, Year)
2. F						3. July 31, 1999	
SOCIAL SECURITY NUMBER	AGE—Last Birthday (Years)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (County and State or Foreign Country)	
4. 241-30-7267	5. 77	5b. Months	Days	5c. Hours	Minutes	6. May 7, 1922	7. Pitt County, NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO							
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
9b. Pitt County Memorial Hospital				9c. Greenville		INSIDE CITY LIMITS? (Yes or No)	COUNTY OF DEATH
9d. yes				9e. Pitt		KIND OF BUSINESS/INDUSTRY	
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		12b. own home	
10. married		11. Macon Page		12a. homemaker			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
13a. NC		13b. Pitt		13c. Greenville		13d. 2111 Page Road	
INSIDE CITY LIMITS? (Yes or No)		ZIP CODE		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)		RACE—American Indian, Black, White, Etc. (Specify)	
13e. no		13f. 27858		14. no		15. White	
FATHER'S NAME (First, Middle, Last)				MOTHER'S NAME (First, Middle, Maiden Surname)			
17. Harvey Mills				18. Ida Haddock			
INFORMANT'S NAME (Type/Print)				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		DATE AMENDED	
19a. Greg Stokes				19b. 4019 NC 102 E., Ayden, NC 28513		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)							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Coronary Heart Failure					Approximate Interval Between Onset and Death
		DUE TO (OR AS A CONSEQUENCE OF)					2 days
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		b.					CAUSE
		DUE TO (OR AS A CONSEQUENCE OF)					AMENDED
		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, 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. 6:45 P.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						DATE SIGNED (Month, Day, Year)	
23a. <i>John F. ...</i>						23b. 8/2/99	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)							
24. Physicians Trust, Greenville, NC				25. Greenville, NC 27858			
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION—City or Town, State, Zip Code		SIGNATURE OF FUNERAL DIRECTOR	
25a. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other		25b. Pinewood Memorial Park		25c. Greenville, NC 27858		25d. C.S. Hanchey	
NAME AND ADDRESS OF FUNERAL HOME				SIGNATURE OF FUNERAL DIRECTOR		LICENSE NUMBER	
26a. Wilkinson Funeral Home, Greenville, NC				26b. C.S. Hanchey		26c. FS 923	
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)		SIGNATURE OF EMBALMER		LICENSE NUMBER	
27. <i>John H. Morrow</i>		28. AUG 03 1999		28d.		28c.	

DECEDENT

PARENTS

INFORMANT

CAUSE OF DEATH

CERTIFIER

DISPOSITION