

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

1294

Registration District No. 074-00 Local No. _____

DECEDENT'S NAME (First, Middle, Last) 1. Gladys Virginia Dixon Mills		SEX 2. F	DATE OF DEATH (Month, Day, Year) 3. September 11, 2002
SOCIAL SECURITY NUMBER 4. 241-30-0994	AGE—Last Birthday (Years) 5. 80	UNDER 1 YEAR Months Days 6b.	UNDER 1 DAY Hours Minutes 6c.
DATE OF BIRTH (Month, Day, Year) 6. 12/12/1921		BIRTHPLACE (County and State or Foreign Country) 7. Pitt County, NC	
WAS DECEDENT EVER IN U S ARMED FORCES? (Yes or No) 8. NO		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) residence daughter's	
FACILITY NAME (If not institution, give street and number) 9b. 2523 Ivy Road		CITY, TOWN, OR LOCATION OF DEATH 9c. Greenville	INSIDE CITY LIMITS? (Yes or No) 9d. No
COUNTY OF DEATH 9e. Pitt		KIND OF BUSINESS/INDUSTRY 12b. Own Home	
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) 10. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 11.	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) 12a. Homemaker	
RESIDENCE—STATE 13a. NC	COUNTY 13b. Pitt	CITY, TOWN, OR LOCATION 13c. Greenville	STREET AND NUMBER 13d. 6209 NC Hwy 43 South
INSIDE CITY LIMITS? (Yes or No) 13e. No	ZIP CODE 13f. 27858	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.	RACE—American Indian, Black, White, Etc (Specify) 15. White
DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) 16. 12		FATHER'S NAME (First, Middle, Last) 17. Scott Dixon	
MOTHER'S NAME (First, Middle, Maiden Surname) 18. Leona Adams		INFORMANT'S NAME (Type/Print) 19a. Judy M. Davenport	
MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 2523 Ivy 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)			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cor Pulmonale	DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death Several YRS
Sequently last conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. Seven Chronic Obstructive Pulmonary Disease	DUE TO (OR AS A CONSEQUENCE OF)		Several YRS
20a. 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. ASLUD, Type II Diabetes Mellitus			
AUTOPSY? (Yes or No) 21a. No		If yes, were findings considered in determining cause of death? 21b.	Was case referred to Medical Examiner? (Yes or No) 21c. No
TIME OF DEATH 22. 11:45 a.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. 9/11/02	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) 24. [Signature] 131 3rd St Rudeen, NC 28573			
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal 25a. [] Donation [] Other		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b. Greenwood Cemetery	LOCATION — City or Town, State, Zip Code 25c. Greenville, NC 27858
NAME AND ADDRESS OF FUNERAL HOME 26a. S.G. Wilkerson & Sons, Inc. 2100 East 5th Street Greenville, NC 27858		SIGNATURE OF FUNERAL DIRECTOR 26b. Charles V. Wilkerson Jr.	LICENSE NUMBER 26c. FSL 744
REGISTRAR'S SIGNATURE 27. [Signature]		DATE FILED (Month, Day, Year) 28. 9-13-02	SIGNATURE OF EMBALMER 26d. Greg D. Parker
			LICENSE NUMBER 26e. FSL 1959

DECEDENT

PARENTS

INFORMANT

CAUSE OF DEATH

CERTIFIER

DISPOSITION