

Registration District No **065-90** Local No

CERTIFICATE OF DEATH

DECEDENT'S NAME (First, Middle, Last) 1 LOUIS COOK, SR		SEX 2 M	DATE OF DEATH (Month, Day, Year) 3 Mar 10, 2001
SOCIAL SECURITY NUMBER 4 553-42-6813	AGE—Last Birthday (Years) 5 70	UNDER 1 YEAR Months Days 5b	UNDER 1 DAY Hours Minutes 5c
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) 6 No		DATE OF BIRTH (Month, Day, Year) 8 July 29, 1930	BIRTHPLACE (County and State or Foreign country) 7 HASKELL, OK
PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
FACILITY NAME (If not institution, give street and number) 9b CORNELIA NIXON DAVIS NURSING		CITY TOWN OR LOCATION OF DEATH 9c WILMINGTON	INSIDE CITY LIMITS? (Yes or No) 9d No
MARITAL STATUS—Married Never Married Widowed Divorced (Specify) 10 Divorced		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 OPERATING ENGINEER
RESIDENCE—STATE 13a NC		COUNTY 13b NEW HANOVER	CITY TOWN OR LOCATION 13c WILMINGTON
INSIDE CITY LIMITS (Yes or No) 13a No	ZIP CODE 13f 28403	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
FATHER'S NAME (First, Middle Last) 17 ARTHUR COOK		MOTHER'S NAME (First, Middle, Maiden Surname) 18 STELLA WALTON	
INFORMANT'S NAME (Type/Print) 19a DOROTHY RIGGLEMAN		MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) 19b 502 HUGHES ROAD HAMPSTEAD, NC 28443	
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)			DATE AMENDED 19c / /
IMMEDIATE CAUSE (Final disease or condition resulting in death) a COPD			Approximate Interval Between Onset and Death
DUE TO (OR AS A CONSEQUENCE OF)			
b SEQUENTIALLY LIST CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
c DUE TO (OR AS A CONSEQUENCE OF)			
20a d DUE TO (OR AS A CONSEQUENCE OF)			
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) 21a No		If yes, were findings considered in determining cause of death? 21b	Was case referred to Medical Examiner? (Yes or No) 21c No
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 DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.			TIME OF DEATH 22 3:15P M
SIGNATURE AND TITLE OF CERTIFIER 23a Marsha D. Fretwell			
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) 24 MARSHA D. FRETWELL, MD. 8064 MARKET ST., WILMINGTON, NC. 28411			DATE SIGNED (Month, Day, Year) 23b 3/15/01
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b GREENLAWN MEMORIAL PARK	
LOCATION—City or Town, State, Zip Code 25c WILMINGTON, NC 28401		SIGNATURE OF FUNERAL DIRECTOR 26b	
NAME AND ADDRESS OF FUNERAL HOME 26a PO Box 3627 Wilmington, NC 28406		SIGNATURE OF EMBALMER 26d	
REGISTRAR'S SIGNATURE 27		DATE FILED (Month, Day, Year) 28 MAR 23 2001	
LICENSE NUMBER 29c 1335		LICENSE NUMBER 29e	

Letter Form
\$10
S&A S envelope

Full Name
County or City of Birth
Full Name of Mom & Dad &
Date of B
pay to Ok State Dept of State
Via Mail 2 weeks
Priver Licence Picture

Bureau of Vital Statistics Ok City
1000 Northeast 10th St
PO Box 53551
Ok city, OK
73152

→ Immediate next Ken
Relation & Signature
Processing Time 30 minutes