

0V 09 1995

95 051741

CERTIFICATE OF DEATH

Registration District No. 065-00

DECEASED'S NAME (First, Middle, Last) **STELLA WALTON COOK** SEX **Female** DATE OF DEATH (Month, Day, Year) **October 19, 1995**

DECEASED'S SOCIAL SECURITY NUMBER **6-28-4876** AGE - Last Birthday (Years) **92** UNDER 1 YEAR Months Days UNDER 1 DAY Hours Minutes DATE OF BIRTH (Month, Day, Year) **July 28, 1903** BIRTHPLACE (County and State or Foreign Country) **7. Haskell Co., OK**

DECEASED EVER IN U.S. ED FORCES (Yes or No) **NO** PLACE OF DEATH (Check only one) HOSPITAL: Inpatient ER/Outpatient DGA OTHER: Nursing Home Residence Other (Specify)

DECEASED'S RESIDENCE NAME (If not institution, give street and number) **Thornelia Nixon-Davis Care Ctr.** CITY, TOWN, OR LOCATION OF DEATH **Wilmington** INSIDE CITY LIMITS? (Yes or No) **NO** COUNTY OF DEATH **New Hanover**

MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **Widowed** SURVIVING SPOUSE (If wife, give maiden name) **n/a** DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Laborer** KIND OF BUSINESS/INDUSTRY **Farming**

DECEASED'S RESIDENCE - STATE **North Car.** COUNTY **New Hanover** CITY, TOWN, OR LOCATION **Wilmington** STREET AND NUMBER **1101 Porters Neck Rd.**

DECEASED'S CITY LIMITS (Yes or No) **NO** ZIP CODE **28405** Was Decedent of Hispanic Origin? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No (Specify) **14.** RACE - American Indian, Black, White, etc. (Specify) **White** DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) **2**

DECEASED'S NAME (First, Middle, Last) **Dale Walton** MOTHER'S NAME (First, Middle, Maiden Surname) **Unknown**

DECEASED'S SPONSOR'S NAME (Type/Print) **Dorothy Riggleman** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **502 Hughes Rd., Hampstead, NC 28443**

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. List only one cause on each line. **HEMIPLEGIC STROKE**
HEMIPLEGIC STROKE
Approximate Interval Between Onset and Death **Sudden**
a. DUE TO (OR AS A CONSEQUENCE OF):
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

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

OPSY? (Yes or No) **NO** If yes, were findings considered in determining cause of death? **21b.** Was case referred to Medical Examiner? (Yes or No) **21a.** TIME OF DEATH **22. M.**

NOTE: 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.

SIGNATURE AND TITLE OF CERTIFIER **Donald Getz, M.D.** DATE SIGNED (Month, Day, Year) **10/29/95**

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) **Donald Getz, M.D. 616 Medical Center Dr. Wilmington, NC 28401**

MODE OF DISPOSITION Burial Cremation Removal Donation Other PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Greenlawn Memorial Park** LOCATION - City or Town, State, Zip Code **Wilmington, NC 28412**

NAME AND ADDRESS OF FUNERAL HOME **Coble Ward-Smith Wilm., NC** SIGNATURE OF FUNERAL DIRECTOR **Mildred A. Parker** LICENSE NUMBER **26c.FS 1745**

DECEASED'S SIGNATURE **Robert S. Parker** DATE FILED (Month, Day, Year) **OCT 24 1995** SIGNATURE OF EMBALMER **Charles Franko** LICENSE NUMBER **26e. FS 1424**