

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 002-00 LOCAL NO. COUNTY OF DEATH: Alexander STATE FILE NO.

1a. FIRST		1b. MIDDLE		1c. LAST		1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
aka <u>Elbert</u>		aka <u>Eugene</u>		aka <u>Spriggs</u>			
2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR		3c. UNDER 1 DAY	4. DATE OF BIRTH (Month/Day/Year)		5. BIRTHPLACE (County/State or Foreign Country)
M	83				5-18-37		Hamilton Co. TN
6. DATE OF DEATH (Month/Day/Year)							
1-11-21							
7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA							
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)							
7c. FACILITY NAME (if not institution, give street and number)							
462 Hiddenite Church Rd.							
7d. CITY OR TOWN							
Hiddenite							
7e. COUNTY OF DEATH							
Alexander							
8. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married							
9. SURVIVING SPOUSE (Give name prior to first marriage)							
Marsha Ann Dufal							
10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)							
Teacher							
10b. KIND OF BUSINESS/INDUSTRY							
Spiritual Ministry							
11. SOCIAL SECURITY NUMBER		12a. RESIDENCE-STATE OR FOREIGN COUNTRY		12b. COUNTY		12c. CITY OR TOWN	
412-36-1140		North Carolina		Alexander		Hiddenite	
12d. STREET AND NUMBER							
462 Hiddenite Church Rd.							
12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
12f. ZIP CODE							
28686							
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)							
<input type="checkbox"/> 8th grade or less							
<input checked="" type="checkbox"/> 9th-12th grade; no diploma							
<input type="checkbox"/> High school graduate or GED completed							
<input type="checkbox"/> Some college credit, but no degree							
<input type="checkbox"/> Associate degree (e.g., AA, AS)							
<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)							
<input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA)							
<input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)							
15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)							
<input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino							
<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano							
<input type="checkbox"/> Yes, Puerto Rican							
<input type="checkbox"/> Yes, Cuban							
<input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)							
16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)							
<input checked="" type="checkbox"/> White							
<input type="checkbox"/> Black or African American							
<input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe)							
<input type="checkbox"/> Native Hawaiian							
<input type="checkbox"/> Guamanian or Chamorro							
<input type="checkbox"/> Samoan							
<input type="checkbox"/> Other Pacific Islander (Specify)							
<input type="checkbox"/> Asian Indian							
<input type="checkbox"/> Japanese							
<input type="checkbox"/> Chinese							
<input type="checkbox"/> Korean							
<input type="checkbox"/> Filipino							
<input type="checkbox"/> Vietnamese							
17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)							
Elbert Eugene Spriggs							
18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)							
Mable Louise Wilson							
19a. INFORMANT'S NAME							
Elad Cohen							
19b. RELATIONSHIP TO DECEDENT							
Friend							
19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)							
471 Sulphur Springs Rd. Hiddenite, NC 28686							
20a. METHOD OF DISPOSITION <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation							
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)							
Gladheart Meadows Cem.							
20c. LOCATION (City or Town and State)							
Alaska, TN.							
21a. SIGNATURE OF FUNERAL DIRECTOR							
21b. LICENSE NUMBER							
FD#3615							
21c. NAME OF EMBALMER							
21d. LICENSE NUMBER							
22. NAME AND ADDRESS OF FUNERAL HOME							
CHAPMAN FUNERAL HOME, INC. 158 STONY POINT SCHOOL ROAD, STONY POINT, NC 28678							
23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. <u>Respiratory Arrest</u>							
Due to (or as a consequence of)							
b. <u>Hypoxemic Respiratory Failure</u>							
Due to (or as a consequence of)							
c. <u>Chronic Heart Disease</u>							
Due to (or as a consequence of)							
d. <u>Atrial Fibrillation</u>							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined							
26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
26b. IF YES <input type="checkbox"/> Declined by Medical Examiner							
27. TIME OF DEATH (Approximate)							
2130							
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year							
30. DATE PRONOUNCED (Month/Day/Year)							
31a. DATE OF INJURY (Month/Day/Year)							
31b. TIME OF INJURY							
31c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.							
31e. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
31f. DESCRIBE HOW INJURY OCCURRED							
31g. LOCATION OF INJURY (Street/Number/City/State)							
32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
33a. SIGNATURE AND TITLE OF CERTIFIER							
33b. LICENSE NUMBER							
33c. DATE SIGNED (Month/Day/Year)							
33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)							
36. DATE REGISTERED BY STATE							
34. FOR LOCAL REGISTRAR (Name)							
35. DATE FILED (Month/Day/Year)							
DATE CORRECTED (Mo/Day/Yr)							
DATE AMENDED (Mo/Day/Yr)							
ITEM(S) CORRECTED:							
ITEM(S) AMENDED:							