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

CERTIFICATE OF DEATH

1558 ORIGINAL

REGISTRATION DISTRICT NO. 063-TD LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

PREPARER

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

NAME OF DECEDENT (If not by Physician, Institution or Medical Examiner)

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]		[redacted]		[redacted]
a/k/a	a/k/a	a/k/a		

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	100					October 06, 1920	Germany	December 02, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
St. Joseph of the Pines	Southern Pines	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Secretary	Electronics

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE–STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Southern Pines

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28387	☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☒ 9th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	daughter	[redacted]

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Longleaf Crematory	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
Selwyn Boles	FD-4255	Not Embalmed	NA

22. NAME AND ADDRESS OF FUNERAL HOME
Boles Funeral Homes & Crematory, Inc. 425 W. Pennsylvania Ave., Southern Pines, NC 28387

MEDICAL CERTIFICATION

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. COVID 19 Pneumonia	1 week
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b. Advanced age	
	Due to (or as a consequence of): c. Adult Failure to Thrive in the home	
	Due to (or as a consequence of): d. Dementia, NOS	

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

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☐ No	☐ Yes ☐ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☐ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☐ No 26b. IF YES ☐ Declined by Medical Examiner	11:00 am	☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

BURIAL/CREMATION PERMIT

Retired Boarder: Authorization for Disposition/Transportation After the medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state. A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
- ☒ 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.
- ☐ 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)
Robert Deucker MD	94-00043	12/7/20

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	36. DATE REGISTERED BY STATE
Robert Deucker MD 334 Mill Creek Rd Carthage, NC 28327	

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert P Wittmann LJSG	12/08/2020

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

Substitute for DHHS 1572 (REVISED 11/2017) N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

1545

ORIGINAL

REGISTRATION DISTRICT NO. 063-61 | LOCAL NO. | COUNTY OF DEATH Moore | STATE FILE NO.

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]	aka	aka		[redacted]

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	93					November 08, 1927	Orange Co., NC	December 03, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Greens at Pinehurst Rehabilitation & Living Center	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Accountant	University

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28374	☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th–12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ 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)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify)
☐ Other (Specify)

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	SON	[redacted]

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	Longleaf Crematory	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
William Story	FSL-2724	Not Embalmed	NA

22. NAME AND ADDRESS OF FUNERAL HOME
Boles Funeral Homes & Crematory, Inc. 35 Parker Lane P.O. Box 3964, Pinehurst, NC 28374

MEDICAL CERTIFICATION

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Covid 19 Pneumonia	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	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.
Vascular Dementia

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☐ No; 26b. IF YES ☐ Declined by Medical Examiner	8:25 am	☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Pregnant at time of death ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

BUREAU/CREMATION PERMIT
Medical Examiner: Authorization for Disposition/Transportation
After the medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state.
A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
☒ 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.
☐ 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)
[signature]	NC 20010405	December 3, 2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	33e. DATE REGISTERED BY STATE
Ronald P. Walters MD 295 Olmsted Blvd Ste A Pinehurst NC 28374	

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert P Wittmann JR	12/04/2020

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

Substitute for DHHS 5872 (REVISED 11/2017) N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

1577

ORIGINAL

REGISTRATION DISTRICT NO. 063-61 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPEWRITE IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted] aka	[redacted] aka	[redacted] aka		[redacted]

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	83					January 19, 1937	Scotland/NC	December 3, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Green's at Pinehurst Rehab & Living Ct	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Laborer	Textiles

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS ☒ Yes ☐ No	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
[redacted]		28374	

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th-12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ 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)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principle tribe) _____
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	Daughter	[redacted]

20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
	Argyll Crematorium	Laurinburg, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
Jimmy Jackson	FS1374	Joseph A. Bowen	3106

22. NAME AND ADDRESS OF FUNERAL HOME
Bumgarner Family Funeral Service and Crematorium, P.O. Box 187 Laurinburg, NC 28353

BURIAL/CREMATION PERMIT

Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state. A copy of this form serves as a Burial/Cremation Permit.

CAUSE OF DEATH

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Covid 19	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	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.
Atrial fibrillation, Diabetes

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

25. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	26a. WAS CASE REFERRED TO MEDICAL EXAMINER? ☐ Yes ☒ No	26b. IF YES ☐ Declined by Medical Examiner	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown	29. IF FEMALE: ☐ Pregnant at time of death ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? ☐ Yes ☐ No	31d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
☐ 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.
☐ 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)
[redacted]	NC2001040 5	December 8 2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	33e. DATE RECEIVED BY LOCAL REGISTRAR	33f. DATE REGISTERED BY STATE
[redacted]	12/9/20	

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert R Witmann III CSC	12/14/2020

DATE CORRECTED (Mo/Day/Yr) _____ ITEM(S) CORRECTED: _____

DATE AMENDED (Mo/Day/Yr) _____ ITEM(S) AMENDED: _____

Substitute For DHHS 1672 (REVISED 11/2017) N.C. VITAL RECORDS

1622

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

CERTIFICATE OF DEATH

ORIGINAL

REGISTRATION DISTRICT NO. 063-61 | LOCAL NO. | COUNTY OF DEATH Moore | STATE FILE NO.

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]	[redacted]	[redacted]		

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR: Months	Days	3c. UNDER 1 DAY: Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (City/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
M	90					March 17, 1930	Franklin North Carolina	December 11, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ■ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Greens at Pinehurst	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ■ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Auto Mechanic	Automotive

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	■ Yes ☐ No	28374	☐ Yes ■ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th–12th grade; no diploma
■ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
■ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ 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)
■ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	step-daughter	[redacted]

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
■ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Yates-Thagard Baptist Church	Carthage, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
[signature]	FSL1660	Robert D. Nunnaley Jr.	FSL1660

22. NAME AND ADDRESS OF FUNERAL HOME
Fry & Prickett Funeral Home, Inc. 402 Saunders Street Post Office Drawer 307, Carthage, NC 28327

MEDICAL CERTIFICATION

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Covid 19 Infection	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	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.
Vascular Dementia

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ■ No	☐ Yes ☐ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
■ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ■ No	5:30 pm	☐ Yes ☐ Probably ■ No ☐ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
	26b. IF YES ☐ Declined by Medical Examiner			

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? ☐ Yes ☐ No	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED | 31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
■ 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.
☐ 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)
[signature] MD	NC20010405	December 14 2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	33e. DATE REGISTERED BY STATE
Randall Walter MD 293 Dundee Blvd Ste A Pinehurst NC 28374	

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert R Wittmann NJ36	12/18/2020

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

BURIAL/CREMATION PERMIT
Medical Examiner/Authorization for Disposition/Transportation
After the medical examiner completes and signs this burial/cremation permit, it constitutes authority for burial, cremation, transportation or removal from the state.
A copy of this form serves as a Burial/Cremation Permit.

Substitute for DHHS 1972 (REVISED 11/2017) N.C. VITAL RECORDS

1590

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

CERTIFICATE OF DEATH

ORIGINAL

REGISTRATION DISTRICT NO. 063-00 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]	[redacted]	[redacted]	Sr.	

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
M	89					December 02, 1931	Moore Co., NC	December 12, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
[redacted]	Carthage	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Owner	Mobile Home Park

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Carthage

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28327	☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☒ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	daughter	[redacted]

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Pleasant Hill Baptist Church Cemetery	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
[signature]	FSL-2931	Benjamin C. Matthews	FSL-96

22. NAME AND ADDRESS OF FUNERAL HOME: Boles Funeral Homes & Crematory, Inc. 425 W. Pennsylvania Ave., Southern Pines, NC 28387

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Pneumonia from SARS Covid-19	1 week
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST — Due to (or as a consequence of): b.	Advanced Alzheimer's Dementia	Years
Due to (or as a consequence of): 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

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	26b. IF YES	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending ☐ Cannot be determined	☐ Yes ☒ No	☐ Declined by Medical Examiner	11:22 am	☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)
- ☒ 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.
- ☐ 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)
Robert J. Deucher MD	9400043	12/15/2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	34. DATE REGISTERED BY STATE
Dr. Robert Deucher 334 Mill Creek Rd Carthage NC 28327	

35. FOR LOCAL REGISTRAR (Name)	36. DATE FILED (Month/Day/Year)
Robert R. Hittmann 1356	12/15/2020

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED

BURIAL/CREMATION PERMIT — Medical Examiner/Authorization to Dispose/Transportation: After the certifier has completed the cause of death and signed the burial/cremation permit section, it is the duty of the funeral director to obtain the signature of the medical examiner/certifier for burial, cremation, transportation, shipping or removal from the state. A copy of this form serves as a Burial/Cremation Permit.

Substitute for DHHS 5072 (REVISED 11/2017) N.C. VITAL RECORDS

1592

ORIGINAL

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

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 063-70 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPEPRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]	[redacted]	[redacted]		[redacted]

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	102					May 20, 1918	IL	December 12, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
St. Joseph of the Pines	Southern Pines	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Real Estate Agent	Real Estate

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Southern Pines

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28387	☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th–12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ 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)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	great-niece	[redacted]

20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
	Longleaf Crematory	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
Benjamin C. Boles	FSL-96	Not Embalmed	NA

22. NAME AND ADDRESS OF FUNERAL HOME
Boles Funeral Homes & Crematory, Inc. 425 W. Pennsylvania Ave., Southern Pines, NC 28387

CAUSE OF DEATH

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. COVID-19 infection	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	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
Alzheimer's Dementia

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

25. MANNER OF DEATH ☐ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	26a. WAS CASE REFERRED TO MEDICAL EXAMINER? ☐ Yes ☒ No	26b. IF YES ☐ Declined By Medical Examiner	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown	29. IF FEMALE: ☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
			9:10 pm		

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? ☐ Yes ☐ No	31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)
☒ 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.
☐ 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.

32a. SIGNATURE AND TITLE OF CERTIFIER	32b. LICENSE NUMBER	32c. DATE SIGNED (Month/Day/Year)
W Patrick, MD	22263	12-14-2020

32d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	32e. DATE REGISTERED BY STATE
WARD PATRICK PO Box 3290 Pinehurst	

33. FOR LOCAL REGISTRAR (Name)	33a. DATE FILED (Month/Day/Year)
Robert L Wittmann 1356	12/15/2020

DATE CORRECTED (Month/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Month/Day/Yr)	ITEM(S) AMENDED:

BURIAL/CREMATION PERMIT
Medical Examiner: Authorization for Disposition/Transportation. After the medical certification is completed and signed, this burial permit authorization or removal from the state, cremation, transportation or removal from the state. A copy of this form serves as a Burial/Cremation Permit.

Substitute for
DHHS 1573
(REVISED 1/2011)
N.C. VITAL RECORDS

1606

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

CERTIFICATE OF DEATH

ORIGINAL

REGISTRATION DISTRICT NO. 06341 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]		[redacted]		

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR: Months	Days	3c. UNDER 1 DAY: Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
M	76					May 20, 1944	Netherlands	December 14, 2020

7. PLACE OF DEATH (Check only one)
7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ■ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
[redacted]	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
■ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	[redacted]	Information Technologist	Financial

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS?	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	■ Yes ☐ No	28374	■ Yes ☐ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th–12th grade; no diploma
☐ High school graduate or GED completed
■ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
■ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
■ Yes, Cuban
☐ 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)
■ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	wife	[redacted]

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☐ Burial ■ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Longleaf Crematory	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
[signature]	FD-4255	Not Embalmed	NA

22. NAME AND ADDRESS OF FUNERAL HOME
Boles Funeral Homes & Crematory, Inc. 35 Parker Lane P.O. Box 3964, Pinehurst, NC 28374

CAUSE OF DEATH

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. COVID-19 Infection	10 days
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	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.

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ■ No	☐ Yes ☐ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
■ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ■ No; 26b. IF YES ☐ Declined by Medical Examiner	9:23 am	☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)
■ 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.
☐ 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)
[signature]	NC 38484	12.15.2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	34. DATE REGISTERED BY STATE
Bobby Maynor Jr. MD, 15 Regional Drive, Pinehurst NC	

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert Rittmann LJSG	12/17/2020

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

CORRECTED: 12/18/2020 11.

BURIAL/CREMATION PERMIT
Medical Examiner: Authorization for Disposition/Transportation
After this medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state.
A copy of this form serves as a Burial/Cremation Permit.

Substitute for DHHS 1572 (REVISED 11/2017) N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

1602

REGISTRATION DISTRICT NO. 063-61 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. ORIGINAL

TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK.

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]	[redacted]	[redacted]		[redacted]

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR: Months	Days	3c. UNDER 1 DAY: Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	88					March 17, 1932	NY	December 14, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Greens at Pinehurst Rehabilitation & Living Center	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Realtor	Real Estate

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE–STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28374	☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 8th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☒ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican-American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	daughter	[redacted]

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Longleaf Crematory	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
[signature]	FSL-3193	Not Embalmed	NA

22. NAME AND ADDRESS OF FUNERAL HOME
Boles Funeral Homes & Crematory, Inc. 35 Parker Lane P.O. Box 3964, Pinehurst, NC 28374

CAUSE OF DEATH

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Covid 19	
	Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	
	Due to (or as a consequence of)	
	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.

Atrial Fibrillation Vascular Dementia

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No	4:30 am	☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
	26b. IF YES ☐ Declined by Medical Examiner			

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
- ☒ 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.
- ☐ 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)
[signature] MD	NC 200104105	December 15, 2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	34. DATE REGISTERED BY STATE
Amanda Wuchner MD 293 Woodlake Rd Ste #1 Pinehurst NC 28374	

35. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert L Whitmann 1356	12/16/2020

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

BURIAL/CREMATION PERMIT

Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this burial permit/cremation authorization, it transfers authority for burial, cremation, transportation or removal from the state. A copy of this form served as a Burial/Cremation Permit.

Substitute for DHHS 1972 (REVISED 01/2017) N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

1618 ORIGINAL

REGISTRATION DISTRICT NO. 063-61 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted] aka	[redacted] aka	[redacted] aka		[redacted]

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	86					October 4, 1934	Hoke, NC	December 16, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Greens at Pinehurst Rehab & Living Center	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Beautician	Beautician

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE–STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	NC	Moore	Southern Pines

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☐ Yes ☒ No	28387	☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☒ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	Son	[redacted]

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Mount Pleasant Christian Church Cemetery	Vass, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
Brianne A. Evans	FD3770	No Embalming	

22. NAME AND ADDRESS OF FUNERAL HOME
Cox Memorial Funeral Home & Crematory, 4888 US Highway 1, Vass, NC 28394

BURIAL/CREMATION PERMIT

Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from this state.

A copy of this form serves as a Burial/Cremation Permit.

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Covid-19 infection	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Vascular dementia	
	c.	
	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.

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☒ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No 26b. IF YES ☐ Declined by Medical Examiner		☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Pregnant at time of death ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)
- ☐ 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.
- ☐ 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)
Brianne Evans NC	12010-054116	12/17/2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	36. DATE REGISTERED BY STATE
Brianne Evans 293 Olmsted Blvd Pinehurst NC 28376	

34. FOR LOCAL REGISTRAR Name:	35. DATE FILED (Month/Day/Year)
Robert K. Le Patterson Jr	12-18-2020

DATE CORRECTED (Mo/Day/Yr) ITEM(S) CORRECTED:

DATE AMENDED (Mo/Day/Yr) ITEM(S) AMENDED:

Substitute For

DHHS 1472 (REVISED 11/2017) N.C. VITAL RECORDS

1631

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

CERTIFICATE OF DEATH

ORIGINAL

REGISTRATION DISTRICT NO. 063-61 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPEPRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]	[redacted]	[redacted]		[redacted]

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	89					January 23, 1931	Cabarrus Co., NC	December 18, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Greens at Pinehurst Rehabilitation & Living Center	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Homemaker	Own Home

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Southern Pines

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28387	☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☒ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

INFORMANT

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	daughter	[redacted]

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Pinelawn Memorial Park	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
Sonya Black	FD-4255	Michael Anthony St. Onge	FSL-2979

22. NAME AND ADDRESS OF FUNERAL HOME
Boles Funeral Homes & Crematory, Inc. 425 W. Pennsylvania Ave., Southern Pines, NC 28387

MEDICAL CERTIFICATION

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Coronavirus 19 Infection	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	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.

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☐ No	☐ Yes ☒ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No 26b. IF YES ☐ Declined by Medical Examiner	1:45 am	☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
☒ 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.
☐ 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)
Brianne Evans PAC	0010-05416	12/21/2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	36. DATE REGISTERED BY STATE
Brianne Evans, PAC 293 Olmsted Blvd Pinehurst NC 28374	

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert R Hittmann IJSC	12/22/2020

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

BURIAL/CREMATION PERMIT
Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this form, funeral permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from this state. A copy of this form serves as a Burial/Cremation Permit.

Substitute for DHHS 1672 (REVISED 11/2017) N.C. VITAL RECORDS

1653

ORIGINAL

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

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 063-161 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]	[redacted]	[redacted]		[redacted]

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR: Months	Days	3c. UNDER 1 DAY: Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	85					August 30, 1935	Ohio	December 20, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Greens at Pinehurst Rehabilitation & Living Center	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Administrative Assistant/Finance	Healthcare

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28374	☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☒ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	daughter	[redacted]

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Longleaf Crematory	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
[signature]	FD-4255	Daniel P. Armstrong	FSL-2724

22. NAME AND ADDRESS OF FUNERAL HOME
Boles Funeral Homes & Crematory 425 W. Pennsylvania Avenue, Southern Pines, NC 28387

BURIAL/CREMATION PERMIT

Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this form, a burial permit/cremation authorization, if completed, shall be issued by the local registrar/county health department. A copy of this form serves as a Burial/Cremation Permit.

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Coronavirus 19 Infection	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b. _____	
	Due to (or as a consequence of): 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.

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☒ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No 26b. IF YES ☐ Decline by Medical Examiner	10:30 am	☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Pregnant at time of death ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)
- ☒ 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.
- ☐ 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.

32a. SIGNATURE AND TITLE OF CERTIFIER	32b. LICENSE NUMBER	32c. DATE SIGNED (Month/Day/Year)
Brianne Evans APC	0010-05416	12/21/2020

32d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	32e. DATE REGISTERED BY STATE
Brianne Evans 293 Olmsted Blvd Pinehurst NC 28374	

33. FOR LOCAL REGISTRAR (Name)	33a. DATE FILED (Month/Day/Year)
Robert L Whitman LJSG	12/23/2020

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

Substitute for
DHHS 1873 (REVISED 11/2017) N.C. VITAL RECORDS

1681

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

CERTIFICATE OF DEATH

ORIGINAL

REGISTRATION DISTRICT NO. 063-61 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPEWRITE IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]	[redacted]	[redacted]		[redacted]

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (City/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	93					August 26, 1927	Moore Co., NC	December 20, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Greens at Pinehurst Rehabilitation & Living Center	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Teller & Bookkeeper	Bank

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	West End

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☐ Yes ☒ No	27376	☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☒ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

INFORMANT

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	SON	[redacted]

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Culdee Presbyterian Church Cemetery	West End, NC

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
Regina C. Pittman	FSL-96	Michael Anthony St. Onge	FSL-2979

22. NAME AND ADDRESS OF FUNERAL HOME: Boles Funeral Homes & Crematory, Inc. 221 MacDougall Dr., Seven Lakes, NC 27376

MEDICAL CERTIFICATION

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Coronavirus 19 Infection	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b. Alzheimer's Dementia	
	Due to (or as a consequence of): 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.

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No 26b. IF YES ☐ Declined by Medical Examiner	9:30 am	☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Pregnant at time of death ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? ☐ Yes ☐ No	31d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
- ☒ 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.
- ☐ 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)
Brianne Evans PA-C	0010-05411	12/23/2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	36. DATE REGISTERED BY STATE
Brianne Evans 293 Olmsted Blvd Pinehurst NC 28374	

REGISTRAR

37. FOR LOCAL REGISTRAR (Name)	38. DATE FILED (Month/Day/Year)
Robert L Wittmann IJSG	12/30/2020

Substitute for D995-1972 (REVISED 11/2011) N.C. VITAL RECORDS

DATE CORRECTED (Mo/Day/Yr) | ITEM(S) CORRECTED:

DATE AMENDED (Mo/Day/Yr) | ITEM(S) AMENDED:

BURIAL/CREMATION PERMIT

Medical Examiner Authorization for Disposition/Transportation: After this medical examiner completes and signs Part I of the burial permit (Part II/Authorization), a transportation authority to take, remove, transport or receive and bury the body.

A copy of this form serves as a Burial/Cremation Permit.

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

CERTIFICATE OF DEATH

1675

REGISTRATION DISTRICT NO. 063-161 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. ORIGINAL

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted] aka	[redacted] aka	[redacted] aka		[redacted]

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	77					January 15, 1943	Pennsylvania	December 26, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
FirstHealth Moore Regional	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	[redacted]	Civil Service	US Army

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28374	☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☒ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	husband	[redacted]

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Arlington National Cemetery	Arlington, VA

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
James L Boles IV	FSL-1328	Andrew B. Earl	FSL-3193

22. NAME AND ADDRESS OF FUNERAL HOME: Boles Funeral Homes & Crematory, Inc., 35 Parker Lane PO Box 3964, Pinehurst, NC 28374

MEDICAL CERTIFICATION

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Covid-19 Pneumonia	2 wks
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	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: Vascular dementia, Normal Pressure Hydrocephalus, CKD

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No; 26b. IF YES ☐ Declined by Medical Examiner	11:40 Am	☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Pregnant at time of death ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

BURIAL/CREMATION PERMIT

Medical Examiner: Authorization for Disposition/Transportation: After the medical examiner completes and signs this burial transit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state.

A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
- ☒ 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.
- ☐ 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)
Todd Wilcox MD	2019-00877	12/26/20

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	33e. DATE REGISTERED BY STATE
Todd Wilcox, MD 15 Memorial Dr. Pinehurst NC 28374	

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert L Wittmann III CSC	12/30/2020

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

CR-818 1572 (REVISED 11/2017) N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

1664

ORIGINAL

REGISTRATION DISTRICT NO. 003-601 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted] aka	[redacted] aka	[redacted] aka	Jr.	

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
M	67					September 07, 1953	Lee Co, NC	December 27, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Greens at Pinehurst	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☒ Never married ☐ Unknown		Never Worked	Disabled

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE–STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28374	☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☒ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	Niece	[redacted]

20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
	Pines Cremation Service	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
[signature]	FSL1660	Not Embalmed	

22. NAME AND ADDRESS OF FUNERAL HOME
Fry & Prickett Funeral Home, Inc. 402 Saunders Street Post Office Drawer 307, Carthage, NC 28327

MEDICAL CERTIFICATION

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (First disease or condition resulting in death) →	a. Coronavirus 19 Infection	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): 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. Cerebral Palsy

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No; 26b. IF YES ☐ Declined by Medical Examiner	7:20 AM	☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

BURIAL/CREMATION PERMIT

Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state. A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? ☐ Yes ☐ No	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
☒ 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.
☐ 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)
Brianne Evans PAC	0010-054116	12/29/2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)
Brianne Evans 293 Olmsted Blvd Pinehurst NC 28374

36. DATE REGISTERED BY STATE

REGISTRAR

34. SIGNATURE OF LOCAL REGISTRAR (Name)
Robert K. Cotton Jr/DD

35. DATE FILED (Month/Day/Year)
12-29-2020

DATE CORRECTED (Mo/Day/Yr)

ITEM(S) CORRECTED:

DATE AMENDED (Mo/Day/Yr)

ITEM(S) AMENDED:

Substitute for
DHHS 5072
(REVISED 11/2017)
N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

1667

REGISTRATION DISTRICT NO. 003-601 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. ORIGINAL

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted] aka	[redacted] aka	[redacted] aka	Sr.	

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
M	89					January 01, 1931	Moore Co, NC	December 27, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
The Greens at Pinehurst	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Mechanic	Automoblie

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE–STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28374	☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☒ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ 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)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ 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)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	Son	[redacted]

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Emmanuel Baptist Church Cemetery	Carthage, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
[signature]	FSL1660	Robert D. Nunnaley Jr.	FSL1660

22. NAME AND ADDRESS OF FUNERAL HOME
Fry & Prickett Funeral Home, Inc. 402 Saunders Street Post Office Drawer 307, Carthage, NC 28327

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Coronavirus 19 Infection	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	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: Vascular dementia

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☒ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☐ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No 26b. IF YES ☐ Declined by Medical Examiner	7:15AM	☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)
- ☒ 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.
- ☐ 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)
Brianne Evans PAC	0010-05416	12/29/2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	35. DATE REGISTERED BY STATE
Brianne Evans 293 Amelia Blvd Pinehurst NC 28374	

34. FOR LOCAL REGISTRAR (Name)	34a. DATE FILED (Month/Day/Year)
Robert R. Le Sitterau/LRS	12-29-2020

DATE CORRECTED (Month/Day/Yr) _____ ITEM(S) CORRECTED: _____

DATE AMENDED (Month/Day/Yr) _____ ITEM(S) AMENDED: _____

BURIAL/CREMATION PERMIT
Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state.
A copy of this form serves as a Burial/Cremation Permit.

Substitute for
DHHS 1972
(REVISED 11/2017)
N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

1706

REGISTRATION DISTRICT NO. 063-61 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. ORIGINAL

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted] aka	[redacted] aka	[redacted] aka		

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR: Months	Days	3c. UNDER 1 DAY: Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	68					February 19, 1952	New Jersey	December 27, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number): Moore Regional Hospital

7d. CITY OR TOWN: Pinehurst

7e. COUNTY OF DEATH: Moore

8. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☒ Never married ☐ Unknown

9. SURVIVING SPOUSE (Give name prior to first marriage)

10a. DECEDENT'S USUAL OCCUPATION (Do not use retired): Certified Registered Nurse Anesthetist

10b. KIND OF BUSINESS/INDUSTRY: Medical

11. SOCIAL SECURITY NUMBER: [redacted]

12a. RESIDENCE-STATE OR FOREIGN COUNTRY: North Carolina

12b. COUNTY: Moore

12c. CITY OR TOWN: Southern Pines

12d. STREET AND NUMBER: [redacted] Square

12e. INSIDE CITY LIMITS: ☐ Yes ☒ No

12f. ZIP CODE: 28387

13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner): [redacted]

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th–12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☒ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ 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)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage): [redacted]

18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage): [redacted]

DISPOSITION

19a. INFORMANT'S NAME: [redacted]

19b. RELATIONSHIP TO DECEDENT: brother

19c. MAILING ADDRESS (Street and Number, City, State, Zip Code): [redacted]

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Longleaf Crematory

20c. LOCATION (City or Town and State): Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR: Bryan C Matthews

21b. LICENSE NUMBER: FSL-96

21c. NAME OF EMBALMER: Not Embalmed

21d. LICENSE NUMBER: N/A

22. NAME AND ADDRESS OF FUNERAL HOME: Boles Funeral Homes & Crematory, Inc., 425 W. Pennsylvania Ave., Southern Pines, NC 28387

MEDICAL CERTIFICATION

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	COVID 19	1 day
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST — Due to (or as a consequence of) b.	Encephalitis	1 day
Due to (or as a consequence of) c.	Rectal Cancer	
Due to (or as a consequence of) d.	Septic Shock	

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

htn

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No NA

25. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined

26a. WAS CASE REFERRED TO MEDICAL EXAMINER? ☐ Yes ☒ No

26b. IF YES ☐ Declined by Medical Examiner

27. TIME OF DEATH (Approximate): 20:33

28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown

29. IF FEMALE:
☐ Pregnant at time of death
☐ Not pregnant within past year
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

BURIAL/CREMATION PERMIT

Medical Examiner: Authorization for Disposition/Transportation
After the medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state.
A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)

31a. DATE OF INJURY (Month/Day/Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? ☐ Yes ☐ No

31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.

31e. IF TRANSPORTATION INJURY SPECIFY:
☐ Driver/Operator
☐ Passenger
☐ Pedestrian
☐ Other (Specify) _____

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
☒ 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.
☐ 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: PAC

33b. LICENSE NUMBER: 224412

33c. DATE SIGNED (Month/Day/Year): December 27, 2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly): Brie Curry 155 Memorial Drive Pinehurst NC 28374

36. DATE REGISTERED BY STATE

34. FOR LOCAL REGISTRAR (Name): Robert R Nittmann 1356

35. DATE FILED (Month/Day/Year): 01/04/2021

DATE CORRECTED (Mo/Day/Yr): _____ ITEM(S) CORRECTED: _____

DATE AMENDED (Mo/Day/Yr): _____ ITEM(S) AMENDED: _____

DHHS 1872
(REVISED 11/2017)
N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

1709

ORIGINAL

REGISTRATION DISTRICT NO. 083-61 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST [redacted] 1b. MIDDLE [redacted] 1c. LAST [redacted] 1d. SUFFIX 1e. IF FEMALE, MAIDEN NAME Drilling

2. SEX F | 3a. AGE-LAST BIRTHDAY (Yrs) 90 | 3b. IF UNDER 1 YEAR/1 DAY: Months Days Hours Minutes | 4. DATE OF BIRTH (Month/Day/Year) December 17, 1930 | 5. BIRTHPLACE (City/State or Foreign Country) Iowa | 6. DATE OF DEATH (Month/Day/Year) December 30, 2020

7. TIME OF DEATH (Check only one)

8a. IF DEATH OCCURRED IN A HOSPITAL: ☑ Inpatient ☐ ER/Outpatient ☐ DOA | 8b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

9a. FACILITY NAME (If not institution, give street and number) FirstHealth Moore Regional | 9b. CITY OR TOWN Pinehurst | 9c. COUNTY OF DEATH Moore

10. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown | 10a. SURVIVING SPOUSE (Give name prior to first marriage) | 10b. DECEDENT'S USUAL OCCUPATION (Do not use retired) Homemaker | 10c. KIND OF BUSINESS/INDUSTRY Own Home

11. SOCIAL SECURITY NUMBER [redacted] | 12a. RESIDENCE-STATE OR FOREIGN COUNTRY North Carolina | 12b. COUNTY Moore | 12c. CITY OR TOWN Southern Pines

12d. STREET AND NUMBER [redacted] | 12e. INSIDE CITY LIMITS? ☑ Yes ☐ No | 12f. ZIP CODE 28387 | 13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☑ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☑ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
☑ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ 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)
☑ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) [redacted]

18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) [redacted]

19a. INFORMANT'S NAME [redacted] | 19b. RELATIONSHIP TO DECEDENT son | 19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) [redacted]

20a. METHOD OF DISPOSITION: ☐ Burial ☑ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____ | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Longleaf Crematory | 20c. LOCATION (City or Town and State) Southern Pines, NC

21a. SIGNATURE OF FUNERAL SERVICE PERSON [redacted] | 21b. LICENSE NUMBER RSL-2979 | 21c. NAME OF EMBALMER Not Embalmed | 21d. LICENSE NUMBER N/A

22. NAME AND ADDRESS OF FUNERAL HOME Boles Funeral Homes & Crematory, Inc., 425 W. Pennsylvania Ave., Southern Pines, NC 28387

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 a, b and/or c. Enter only one cause on a line. DO NOT ABBREVIATE. Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Acute hypoxemic resp failure due to COVID-19 — 14 days
Due to (or as a consequence of)
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST
b. Pneumonia due to COVID-19
Due to (or as a consequence of)
c. AFib RVR
Due to (or as a consequence of)
d. Dementia

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

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☑ No | 24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☑ No

25. MANNER OF DEATH: ☑ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined

26a. WAS CASE REFERRED TO MEDICAL EXAMINER? ☐ Yes ☑ No | 26b. IF YES: ☐ Declined by Medical Examiner

27. TIME OF DEATH (Approximate) 23:55

28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☑ No ☐ Unknown

29. IF FEMALE: ☐ Pregnant at time of death ☑ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year) | 31a. DATE OF INJURY (Month/Day/Year) | 31b. TIME OF INJURY | 31c. INJURY AT WORK? ☐ Yes ☐ No | 31d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. | 31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____

31f. DESCRIBE HOW INJURY OCCURRED | 31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)
☑ 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.
☐ 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.

32a. SIGNATURE AND TITLE OF CERTIFIER [redacted] | 32b. LICENSE NUMBER 0010-02184 | 32c. DATE SIGNED (Month/Day/Year) 12/30/2020

32d. NAME AND ADDRESS OF CERTIFIER (Type/Print) [redacted] | 32e. DATE REGISTERED BY STATE

33. NAME OF LOCAL REGISTRAR (Type/Print) Robert L Wittmann 1356 | 33a. DATE FILED (Month/Day/Year) 01/04/2021

DATE CORRECTED (Yes/No/Month) _____ | ITEM(S) CORRECTED _____

DATE ADDENDED (Yes/No/Month) _____ | ITEM(S) ADDENDED _____

DHHS 1477 REVISED MONTH NC VITAL RECORDS

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

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 0803-161 LOCAL NO. _____ COUNTY OF DEATH MOORE STATE FILE NO. 2 ORIGINAL

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]		[redacted]		

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR: Months	Days	3c. UNDER 1 DAY: Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
M	69					Oct 7, 1951	Montgomery, NC	January 1, 2021

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
Moore Regional Hospital	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	[redacted]	Meat Processor	Chicken Plant

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE–STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	NC	Moore	Vass

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☒ Yes ☐ No	28394	☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner) [redacted]

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th–12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ 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)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Korean ☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage): [redacted]

18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage): [redacted]

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	Wife	[redacted]

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Fayetteville Cremation Service	Fayetteville, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
William T Pickard Jr	FS1599	Not embalmed	

22. NAME AND ADDRESS OF FUNERAL HOME: Rogers Pickard Funeral Home, Inc, 509 Carthage Street, Sanford, NC 27330

MEDICAL CERTIFICATION

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	COVID 19	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST — Due to (or as a consequence of): b.	Acute hypoxic Respiratory Failure	
Due to (or as a consequence of): c.	Acute Kidney injury	
Due to (or as a consequence of): d.	COPD	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: DMII, PVD

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No NA

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No; 26a. IF YES: ☐ Declined by Medical Examiner	21:34	☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

BURIAL/CREMATION PERMIT

Medical Examiner: Authorization for Disposition/Transportation after the medical examiner completes and signs this field. Funeral service licensee authorized to transport, cremate, inter or remove from the state. A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
☒ 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.
☐ 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)
Brad Young PAC	224412	January 1, 2021

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	36. DATE REGISTERED BY STATE
185 Memorial Drive Pinehurst NC 28374	

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert R Wittmann IJS6	01/04/2021

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:

DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

DHHS 1872 (REVISED 11/2017) N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

3 ORIGINAL

REGISTRATION DISTRICT NO. 063-61 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. _____

DECEDENT — TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

1a. FIRST [redacted] 1b. MIDDLE [redacted] 1c. LAST [redacted] 1d. SUFFIX 1e. LAST NAME PRIOR TO FIRST MARRIAGE

2. SEX: M | 3. AGE-LAST BIRTHDAY (Yrs): 78 | 3b. UNDER 1 YEAR: Months / Days | 3c. UNDER 1 DAY: Hours / Minutes | 4. DATE OF BIRTH (Month/Day/Year): November 30, 1942 | 5. BIRTHPLACE (City/State or Foreign Country): Virginia | 6. DATE OF DEATH (Month/Day/Year): January 1, 2021

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA | 7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number): FirstHealth Moore Regional | 7d. CITY OR TOWN: Pinehurst | 7e. COUNTY OF DEATH: Moore

8. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown | 9. SURVIVING SPOUSE (Give name prior to first marriage): [redacted] | 10a. DECEDENT'S USUAL OCCUPATION (Do not use retired): Owner | 10b. KIND OF BUSINESS/INDUSTRY: Transmission Repair

11. SOCIAL SECURITY NUMBER: [redacted] | 12a. RESIDENCE-STATE OR FOREIGN COUNTRY: North Carolina | 12b. COUNTY: Moore | 12c. CITY OR TOWN: Jackson Springs

12d. STREET AND NUMBER: [redacted] | 12e. INSIDE CITY LIMITS: ☐ Yes ☒ No | 12f. ZIP CODE: 27281 | 13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☒ 9th–12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ 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)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian ☐ Japanese ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify)
☐ Chinese ☐ Korean ☐ Other (Specify)
☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify)

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last): [redacted] | 18. MOTHER/DECEDENT MAIDEN NAME (If the decedent was female, enter maiden name prior to first marriage): [redacted]

DISPOSITION

19a. INFORMANT'S NAME: [redacted] | 19b. RELATIONSHIP TO DECEDENT: wife | 19c. MAILING ADDRESS (Street and Number, City, State, Zip Code): [redacted]

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Taylor Memorial Baptist Church Cemetery | 20c. LOCATION (City or Town and State): Jackson Springs, NC

21a. SIGNATURE OF FUNERAL DIRECTOR: [signature] | 21b. LICENSE NUMBER: FSL-2979 | 21c. NAME OF EMBALMER: Andrew B. Earl | 21d. LICENSE NUMBER: ESL-3193

22. NAME AND ADDRESS OF FUNERAL HOME: Boles Funeral Home & Crematory, Inc., 425 W. Pennsylvania Ave., Southern Pines, NC 28387

MEDICAL CERTIFICATION

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Covid-19 Pneumonia	1 week
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	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: Diabetes mellitus Type 2, Cardiomyopathy, Obesity

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No | 24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

25. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined

26a. WAS CASE REFERRED TO MEDICAL EXAMINER? ☐ Yes ☒ No | 26b. IF YES: ☐ Declined by Medical Examiner

27. TIME OF DEATH (Approximate): 1505

28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown

29. IF FEMALE: ☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year) | 31a. DATE OF INJURY (Month/Day/Year) | 31b. TIME OF INJURY | 31c. INJURY AT WORK? ☐ Yes ☐ No | 31d. PLACE OF INJURY – (e.g. home, farm, street, factory, office, building, etc.) | 31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED | 31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
☒ 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.
☐ 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.

32a. SIGNATURE AND TITLE OF CERTIFIER: [signature] | 32b. LICENSE NUMBER: 2019-00877 | 32c. DATE SIGNED (Month/Day/Year): 1/1/2021

32d. NAME AND ADDRESS OF CERTIFIER (Print legibly): Todd Kelly MD 15 Memorial Dr Pinehurst, NC 28374 | 32e. DATE REGISTERED BY STATE: _____

REGISTRAR

33. FOR LOCAL REGISTRAR (Name): Robert L Nitzmann / TSC | 33c. DATE FILED (Month/Day/Year): 01/04/2021

DATE CORRECTED (Month/Day/Yr): _____ | ITEM(S) CORRECTED: _____

DATE AMENDED (Month/Day/Yr): _____ | ITEM(S) AMENDED: _____

BURIAL/CREMATION PERMIT

I hereby authorize the burial/cremation of the body described herein. Date Signature of Local Registrar

I hereby authorize the removal of the body described herein to _____ for the purpose of _____. Date Signature of Local Registrar

I hereby authorize the cremation of the body described herein. Date Signature of Medical Examiner

I hereby authorize the removal of the body described herein to _____ for the purpose of _____. Date Signature of Medical Examiner

Form 1473 (REVISED 11/2017) N.C. VITAL RECORDS

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

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 0183-01 LOCAL NO. _____ COUNTY OF DEATH Moore STATE FILE NO. 1 ORIGINAL

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK OR BURN

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]				

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (City/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
F	64					June 1, 1956	Moore-NC	January 2, 2021

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
Moore Regional Hospital	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ■ Never married ☐ Unknown		Never Worked	Never Worked

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
[redacted]	North Carolina	Moore	Eagle Springs

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS?	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
[redacted]	☐ Yes ■ No	27242	☐ Yes ■ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
■ 8th grade or less
☐ 9th–12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ 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)
■ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ 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)
☐ White
■ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian ☐ Japanese
☐ Chinese ☐ Korean
☐ Filipino ☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage): [redacted]

18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage): [redacted]

INFORMANT

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
[redacted]	Mother	[redacted] 27242

DISPOSITION

20a. METHOD OF DISPOSITION ■ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
	Zion Grove Church Cemetery	Eagel Springs, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
Milton R Person	3642	Chelsea McLendon	1776

22. NAME AND ADDRESS OF FUNERAL HOME: Person Funeral Home POBox 1171 Robbins, NC 27325

MEDICAL CERTIFICATION

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. COVID 19	31 days
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of): Acute Respiratory Failure w/ hypoxia	
	c. Due to (or as a consequence of): Bacteremia	
	d. Due to (or as a consequence of): Downs Syndrome	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: CHF, hyperthyroid

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ■ No

24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No — NA

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE:
■ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ■ No; 26b. IF YES ☐ Declined by Medical Examiner	20:04	☐ Yes ☐ Probably ☐ No ■ Unknown	■ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? ☐ Yes ☐ No	31d. PLACE OF INJURY-at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
■ 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.
☐ 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.

32a. SIGNATURE AND TITLE OF CERTIFIER	32b. LICENSE NUMBER	32c. DATE SIGNED (Month/Day/Year)
PAC	224412	January 2, 2021

32d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	33. DATE REGISTERED BY STATE
Brad Young PAC 155 Memorial drive Pinehurst NC, 28374	

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert R Whitmarsh IJS6	01/04/2021

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED:

Form: 1172 (REVISED 11/2017) N.C. VITAL RECORDS

BURIAL/CREMATION PERMIT

Burial/Cremation/Removal Permit: Permission is hereby granted for the burial, cremation or removal from State of the body described herein. Any person who knowingly makes a false statement in a matter relating to the disposition of a human corpse shall be guilty of a Class 1 misdemeanor. (G.S. 130A-131.8)