

APR 09 1997

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES  
STATE CENTER FOR HEALTH AND ENVIRONMENTAL STATISTICS — VITAL RECORDS SECTION  
CERTIFICATE OF DEATH

97 015301

Registration District No. 065-90 Local No.

888  
2  
1-P  
751  
65.00  
1

DECEDENT'S NAME (First, Middle, Last) 1. Jess Monroe Dunks		SEX 2. M	DATE OF DEATH (Month, Day, Year) 3. Mar 18, 1997
SOCIAL SECURITY NUMBER 4. 519-14-3221	AGE— Last Birthday (Years) 5. 77	UNDER 1 YEAR 5b. Months Days	UNDER 1 DAY 5c. Hours Minutes
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) 8. Yes		9a. PLACE OF DEATH (Check only one)	

DECEDENT

FACILITY NAME (If not institution, give street and number) 9b. New Hanover Regional Medical		CITY, TOWN, OR LOCATION OF DEATH 9c. Wilmington	INSIDE CITY LIMITS? (Yes or No) 9d. Yes	COUNTY OF DEATH 9e. New Hanover
MARITAL STATUS— Married, Never Married, Widowed, Divorced (Specify) 10. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 11.	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. Body Shop Repairman		KIND OF BUSINESS/INDUSTRY 12b. Automobile
RESIDENCE—STATE 13a. NC	COUNTY 13f. New Hanover	CITY, TOWN, OR LOCATION 13c. Castle Hayne	STREET AND NUMBER 13d. 203 Chesterfield Road	
INSIDE CITY LIMITS (Yes or No) 13e. No	ZIP CODE 13i. 28429	Was Decedent of Hispanic Origin? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)	RACE— American Indian, Black, White, etc. 15. White	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17) 16. 3

PARENTS

FATHER'S NAME (First, Middle, Last) 17. James Dunks	MOTHER'S NAME (First, Middle, Maiden Surname) 18. Parmelia May Crockett
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INFORMANT

INFORMANT'S NAME (Type/Print) 19a. Mrs. Cherry Adkins	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 203 Chesterfield Rd. Castle Hayne, NC 28429-	DATE AMENDED 19c. / /
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CAUSE OF DEATH

Enter in PART I. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiac Arrest  
DUE TO (OR AS A CONSEQUENCE OF):

b. Severe Vascular Disease  
DUE TO (OR AS A CONSEQUENCE OF):

c. Chronic Obstructive Pulmonary Disease  
DUE TO (OR AS A CONSEQUENCE OF):

20a. d.

CAUSE OF DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use, diabetes, etc.

20b. Tobacco use

AUTOPSY (Yes or No) 21a. No	If yes, were findings considered in determining cause of death? 21b.	Was case referred to Medical Examiner? (Yes or No) 21c. No	TIME OF DEATH 22. 7:50PM M.
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CERTIFIER

SIGNATURE AND TITLE OF CERTIFIER 23a. <u>M. K. Locklear</u>	DATE SIGNED (Month, Day, Year) 23b. 3/21/97
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DISPOSITION

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) 24. M.K. Locklear, MD 8108-B Market St Wilmington 28405		LOCATION (City or Town, State, Zip Code) 25c. Wilmington, NC 28401-
METHOD OF DISPOSITION 25a. <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b. Andrews Crematory	

Substitute for DEHNR 1872 (Revised 2/94) Review 2/97 CCC Form NC1

NAME AND ADDRESS OF FUNERAL HOME 26a. Andrews Mortuary Market Street Wilmington, NC		SIGNATURE OF FUNERAL DIRECTOR 26b. <u>Scott R. Parker</u>	LICENSE NUMBER 26c. FSL907
REGISTRAR'S SIGNATURE 27. <u>Robert S. Parker</u>	DATE FILED (Month, Day, Year) 28. MAR 21 1997	SIGNATURE OF EMBALMER 26d. NA	LICENSE NUMBER 26e.