APR 9 1963

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT No. 41-95 REGISTRAR'S CERTIFICATE No. 320 9279

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Funeral Director, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY: Guilford | b. TOWNSHIP: | c. LENGTH OF STAY (in 1a):

d. CITY OR TOWN: Greensboro | Is Place of Death Within City Limits? YES [X] NO [ ]

e. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cone Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: North Carolina | b. COUNTY: Guilford

c. CITY OR TOWN: Greensboro | Is Place of Residence: In City Limits? YES [X] NO [ ] | On a Farm? YES [ ] NO [X]

d. STREET ADDRESS or R. F. D. No.: 1906 Baliff Street

3. NAME OF DECEASED (Type or Print): First: RAY | Middle: DANIEL | Last: COOKE

4. DATE OF DEATH Month: 3 Day: 28 Year: 63

5. SEX: Male | **6. COLOR OR RACE:** White | **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Dec 13, 1927 | **9. AGE** (In years last birthday): 35 | IF UNDER 1 YEAR: Months: Days: | IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Firefighter | **10b. KIND OF BUSINESS OR INDUSTRY:** | **11. BIRTHPLACE** (State or foreign country): Surry County, N. C. | **12. CITIZEN OF WHAT COUNTRY?** U S

13. FATHER'S NAME: William M. Cooke | **14. MOTHER'S MAIDEN NAME:** Annie Arrington | **NAME OF HUSBAND OR WIFE:** Betty Sue George

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): WW #2 | **16. SOCIAL SECURITY NO.:** [redacted] | **17. INFORMANT'S NAME AND ADDRESS:** Harold Cooke, Pleasant Garden, N. C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Thrombosis anterior descend. coronary — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*

DUE TO (b) Arteriosclerosis Anomalous R. coronary artery

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a): 4201 ✓

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ] | **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY MONTH, DAY, YEAR HOUR M. | **20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **20f. CITY OR TOWNSHIP** | COUNTY | STATE

21. I attended the deceased from 3/28 *, 19* 63 *to* 3/28 *, 19* 63 *, and last saw* her/him *alive on* 3/28 *, 19* 63

Death occurred at 4:30 p.m. *on the date stated above; and to the best of my knowledge from the causes stated.*

22a. SIGNATURE W. Thomas Smith (Degree or title) M. D. | **22b. ADDRESS** Greensboro, N. C. | **22c. DATE SIGNED** 3/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **23b. DATE:** 3-30-63 | **23c. NAME OF CEMETERY OR CREMATORY:** Woodville Baptist Church | **23d. LOCATION** (City, town, or county) (State): Surry County, N. C.

24. DATE REC'D BY LOCAL REG. 3-29-63 | **25. REGISTRAR'S SIGNATURE** G. N. Ellinwood M.D. | **26. FUNERAL HOME:** Forbis & Dick | **ADDRESS:** Greensboro, N. C.

Fun. Director's Signature: George E. Forbis | License #: | Embalmer's Signature: T. G. Conrad | License #: 1-30

Form 9A Issued: 1

Date Burial Permit Issued: 3-29-63

Date Form 8 Rev. 1-62 1-62 100M