

SEP 21 1969

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29813

REGISTRATION DISTRICT NO. LOCAL NO.

TYPE OR PRINT IN PERMANENT BLACK INK

NAME OF DECEASED: **Cornelia Ezzele Dunn**      DATE OF BIRTH: **August 30, 1969**

1. SEX: **Female**    COLOR OR RACE: **White**    STATE OF BIRTH: **North Carolina**    DATE OF BIRTH: **Jan. 25, 1885**    AGE AT TIME OF DEATH: **84**

PLACE OF DEATH: **Wayne**    CITY OR TOWN: **Goldsboro**    USUAL RESIDENCE: **North Carolina**    COUNTY: **Duplin**

NAME OF HOSPITAL OR INSTITUTION: **Cherry Hospital**    INSIDE CITY LIMITS: **No**    CITY OR TOWN: **Warsaw**

MARRIED NEVER MARRIED, WIDOWED, DIVORCED: **Widowed**    SURVIVING SPOUSE:    STREET ADDRESS OR R.F.D. No.:    INSIDE CITY LIMITS: **Yes**

CITIZEN OF WHAT COUNTRY: **U. S. A.**    SOCIAL SECURITY NUMBER: **None given**    USUAL OCCUPATION: **None given**    KIND OF BUSINESS OR INDUSTRY:

FATHER'S NAME: **Jacob Ezzele**    MOTHER'S MARDEN NAME: **Sarah Lewis**

17. INFORMANT'S NAME AND ADDRESS: **Medical Records - Cherry Hospital, Goldsboro, North Carolina**

18. PART I. DEATH CAUSED BY:

a. IMMEDIATE CAUSE: **Multiple decubitus ulcers**      APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH: **at least 20 days**

b. ONE OR MORE AS A CONSEQUENCE OF: **Unknown cause**      APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH: **at least 20 days**

19. CAUSE: **Chronic ischemic heart disease with prolonged AV conduction, left bundle branch block, congestive heart failure, class III to IV and diabetes mellitus.**      ALTHOUGH YES OR NO: **No**      IF YES, STATE PREVIOUSLY DETERMINED CAUSE OF DEATH:

20. ACCIDENT, SUICIDE, HOMICIDE OR OTHER UNUSUAL INJURY OCCURRED:      NAME OF INJURY IN PART I OR PART II, ITEM 19:

20a. TIME OF INJURY:      20b. INJURY AT WORK (SPECIFY YES OR NO):      20c. PLACE OF INJURY (OFFICE BLDG., ETC. SPECIFY):      CITY OR R.F.D.:      COUNTY:      STATE:

21. CERTIFICATION - PHYSICIAN: ATTENDED THE DECEASED FROM **3-26-69** TO **8-30-69**      AND LAST SAW HIM HER ALIVE ON **8-30-69**      SIGNATURE OF PHYSICIAN: **J. Frank James, M.D., Supt.**      DATE SIGNED: **9-9-69**      ADDRESS: **Cherry Hospital, Goldsboro, N. C.**

22. SIGNATURE OF MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER:      ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IS AN OPINION THAT THIS WAS NOT THE CAUSE OF DEATH:      YES OR NO:      IF YES, STATE PREVIOUSLY DETERMINED CAUSE OF DEATH:

23. BURNAL CREMATION OTHER: **BURIAL**      DATE: **9/14/69**      NAME OF CEMETERY OR CREMATORY: **Procrest Cemetery**      LOCATION: **WARSAW NC**

24. FUNERAL HOME: **Quinn-McGowen - Warsaw, N.C.**      SIGNATURE OF GENERAL DIRECTOR: **John L. Powell, Jr.**      LICENSE NO.: **1538**

DATE REC'D BY LOCAL REG.: **SEP 10 1969**      SIGNATURE OF REGISTRAR:      SIGNATURE OF EMBALMER: **John L. Powell, Jr.**      LICENSE NO.: **898**

STATE BOARD OF HEALTH COPY

CERTIFIED

BURIAL

FORM 1 REV. 1-60 1-68-1284