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

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 09295 LOCAL NO. 3966 COUNTY OF DEATH Wake STATE FILE NO.

DECEDENT

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
Daryl (aka)	Robert (aka)	Washington (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)
M	51					11-13-1968	Kings, NY	09-20-2020

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
UNC - REX	Raleigh	WAKE

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	Flecia Williams	Construction	Customer Service

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

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
204-C Berryman St.	☒ Yes ☐ No	27405	☐ Yes ☒ No

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

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)
Nathaniel Washington	Diana Elizabeth Kee

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Flecia Washington	Wife	204-C Berryman St. Greensboro, NC 27405

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)	Triad Cremation	Greensboro, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
[signature]	3356		

22. NAME AND ADDRESS OF FUNERAL HOME: R.M. Ferguson Funeral Service, 3101-192 Stony Brook Drive, Raleigh, NC 27604

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. Complications of endocarditis	
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.: COVID 19

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

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

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.

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): 00:41

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?	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY:
09-20-2020			☐ 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] ME		09-22-2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly): Aaron R. Cotten, MD 2100 S. Saunders St., Raleigh, NC 27603

36. DATE REGISTERED BY STATE

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
[signature] M Kippes	OCT 01 2020

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