

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 040 LOCAL NO. _____ COUNTY OF DEATH Greene STATE FILE NO. _____

DECEDENT
 DECEDENT'S LEGAL NAME
 1a. FIRST Luther 1b. MIDDLE Ray 1c. LAST Wilson 1d. SUFFIX Jr. 1e. LAST NAME PRIOR TO FIRST MARRIAGE Wilson

2. SEX M 3a. AGE-LAST BIRTHDAY (Yrs) 60 3b. UNDER 1 YEAR Months _____ Days _____ 3c. UNDER 1 DAY Hours _____ Minutes _____ 4. DATE OF BIRTH (Month/Day/Year) 09/19/1959 5. BIRTHPLACE (County/State or Foreign Country) Unknown 6. DATE OF DEATH (Month/Day/Year) 8-5-2020

7a. IF DEATH OCCURRED IN A HOSPITAL Inpatient ER/Outpatient DOA Hospice facility Nursing home/Long term care facility Decedent's home Other (Specify) Prison
 7c. FACILITY NAME (If not institution, give street and number) Mary Correctional Institute 7d. CITY OR TOWN Hookerton 7e. COUNTY OF DEATH Greene

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) Unknown 10b. KIND OF BUSINESS/INDUSTRY Unknown

11. SOCIAL SECURITY NUMBER 242-08-2818 12a. RESIDENCE-STATE OR FOREIGN COUNTRY NC 12b. COUNTY Greene 12c. CITY OR TOWN Hookerton

12d. STREET AND NUMBER 2568 Moore Rouse Road 12e. INSIDE CITY LIMITS Yes No 12f. ZIP CODE 28538 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, MEd, MEd, MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) Unknown

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 Samoan Other Pacific Islander (Specify) _____

PARENTS
 17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Luther Ray Wilson, Sr. 18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Merlyn Cox

19a. INFORMANT'S NAME Roger Wilson 19b. RELATIONSHIP TO DECEDENT Brother 19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) Asheboro, NC

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

21a. SIGNATURE OF FUNERAL DIRECTOR Robert Taylor 21b. LICENSE NUMBER FD4214 21c. NAME OF EMBALMER Not Embalmed 21d. LICENSE NUMBER _____

22. NAME AND ADDRESS OF FUNERAL HOME East Carolina Crematory, 1608 W. Vernon Ave. Ste. B, Kinston, NC 28504

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) → Complications of 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
End Stage Renal Disease
 Due to (or as a consequence of) _____
 Due to (or as a consequence of) _____
 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. Cirrhosis of Liver

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) 1900 28. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably 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) _____

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

CERTIFIER
 32. CERTIFIER (Check 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 Christina Garner Medical Examiner 33b. LICENSE NUMBER W1A 33c. DATE SIGNED (Month/Day/Year) 8-6-2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly) Christina Garner 250 Rhodes Ave Kinston 35. DATE REGISTERED BY STATE _____

REGISTRAR
 34. FOR LOCAL REGISTRAR (Name) Allison W. Ross 35. DATE FILED (Month/Day/Year) 8/28/2020

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