

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

Registration 011-95  
District No. Local No.

DECEDENT'S NAME (First, Middle, Last) <b>1. Eileen Marie McCabe</b>		SEX <b>2. F</b>	DATE OF DEATH (Month, Day, Year) <b>3. Aug 10, 2007</b>
SOCIAL SECURITY NUMBER <b>4. 244-50-8210</b>	AGE—Last Birthday (Years) <b>5. 77</b>	UNDER 1 YEAR Months Days <b>5b.</b>	UNDER 1 DAY Hours Minutes <b>5c.</b>
DATE OF BIRTH (Month, Day, Year) <b>6. Nov 21, 1929</b>		BIRTHPLACE (County and State or Foreign Country) <b>7. Pulaski, AR</b>	
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>8. No</b>			
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
FACILITY NAME (If not institution, give street and number) <b>9b. 126 Red Oak Rd.</b>		CITY, TOWN, OR LOCATION OF DEATH <b>9c. Asheville</b>	COUNTY OF DEATH <b>9d. Buncombe</b>
INSIDE CITY LIMITS? (Yes or No) <b>10. Yes</b>		KIND OF BUSINESS/INDUSTRY <b>11. Private School</b>	
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>12. Never Married</b>		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>13. Teacher</b>	
RESIDENCE—STATE <b>14. NC</b>		STREET AND NUMBER <b>15. 126 Red Oak Rd.</b>	
CITY, TOWN, OR LOCATION <b>16. Asheville</b>		KIND OF BUSINESS/INDUSTRY <b>17. Private School</b>	
INSIDE CITY LIMITS? (Yes or No) <b>18. Yes</b>		DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) <b>19. 16</b>	
ZIP CODE <b>20. 28804</b>		RACE—American Indian, Black, White, Etc. (Specify) <b>21. White</b>	
FATHER'S NAME (First, Middle, Last) <b>22. John Nicholas McCabe</b>		MOTHER'S NAME (First, Middle, Maiden Surname) <b>23. Winifred Agnes Quinn</b>	
INFORMANT'S NAME (Type/Print) <b>24. Sheila Krekeler</b>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>25. 8612 N. 6th Drive, Phoenix, AZ 85021</b>	
DATE AMENDED <b>26. 18mos</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE) <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> <b>a. Ovarian Cancer</b> <b>b. DUE TO (OR AS A CONSEQUENCE OF):</b> <b>c. DUE TO (OR AS A CONSEQUENCE OF):</b> <b>d. DUE TO (OR AS A CONSEQUENCE OF):</b>			
20a. 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. AUTOPSY? (Yes or No) If yes, were findings considered in determining cause of death? Was case referred to Medical Examiner? (Yes or No) TIME OF DEATH <b>21a. No 21b. No 21c. No 22. 07:30 A.M.</b>			
NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.			
SIGNATURE AND TITLE OF CERTIFIER <b>23a. Dr. Christopher Chay</b>		DATE SIGNED (Month, Day, Year) <b>23b. 8/10/07</b>	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) <b>24. Dr. Christopher Chay 445 Biltmore Ave., Suite 100, Asheville, NC 28801</b>			
METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <b>25a. Donation Other</b>		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>25b. Asheville Area Alternative</b>	
LOCATION—City or Town, State, Zip Code <b>25c. Asheville, NC 28801</b>		NAME OF FUNERAL DIRECTOR <b>26. Tina M. Wysokinski</b>	
NAME AND ADDRESS OF FUNERAL HOME <b>26a. Asheville Area Alternative</b>		LICENSE NUMBER <b>26b. 2668</b>	
REGISTRAR'S SIGNATURE <b>27. [Signature]</b>		DATE FILED (Month, Day, Year) <b>28. 08-10-2007</b>	
NAME OF EMBALMER <b>29. Not Embalmed</b>		LICENSE NUMBER <b>29a.</b>	