

STATE OF MISSISSIPPI

FILED FOR RECORD

MISSISSIPPI STATE DEPARTMENT OF HEALTH
2000 VITAL RECORDS 41

000 013654

MORRIS W. CARTER
RECORDER

TYPE OR PRINT WITH BLACK INK

FILING DATE

AUG 06 1998

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

1. NAME: Calvin Cotton, male, 2. SEX: male, 3a. HOUR OF DEATH: 8:05 a.m., 3b. DATE OF DEATH: July 25, 1998

4. RACE: black, 5a. AGE AT LAST BIRTHDAY: 76 years, 5b. MOS, 5c. DAYS, 5d. HOURS, 5e. MINS, 6. DATE OF BIRTH: April 5, 1922, 7a. COUNTY OF DEATH: Copiah

7b. CITY OR TOWN OF DEATH: Hazlehurst, 7c. HOSPITAL OR OTHER INSTITUTION: Hardy Wilson Memorial Hospital 15H, 7d. IF IN HOSP OR INST SPECIFY: Inpatient, 8. STATE OF BIRTH: Miss.

9. DECEDENT'S EDUCATION: 12th, 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: widowed, 11. SURVIVING SPOUSE: (Specify maiden name), 12. WAS DECEASED EVER IN U.S. ARMED FORCES? yes

13. ORIGIN OR DESCENT: Afro-American, 14. SOCIAL SECURITY NUMBER: 427-09-5221, 15a. USUAL OCCUPATION: craftsman, 15b. KIND OF BUSINESS OR INDUSTRY: still mill

16a. RESIDENCE-STATE: Mississippi, 16b. COUNTY: Copiah, 16c. CITY OR TOWN: Hazlehurst, 16d. INSIDE CITY LIMITS: yes, 16e. STREET AND NUMBER OR RURAL LOCATION: 16132 Hiway 51 North

17. FATHER-NAME: Smart Cotton, 18. MOTHER-NAME: McKenzie

19a. INFORMANT-NAME: Marion L. Cotton Jones, 19b. MAILING ADDRESS: P.O. Box 652, Hazlehurst, Mississippi 39083

20a. BURIAL, CREMATION, REMOVAL: burial, 20b. CEMETERY, CREMATORY-NAME: Damascus Cemetery, 20c. LOCATION: N. Hazlehurst, Ms., 20d. EMBALMER-SIGNATURE AND NUMBER: Damian Murrie FSC832

21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER: Hazlehurst Funeral Home H15, 21c. MAILING ADDRESS: P.O. Box 102, Hazlehurst, Mississippi 39083

22a. PERSON WHO PRONOUNCED DEATH: Randall Hankins, M.D., 22b. PRONOUNCED DEAD: ON July 25, 1998, 22c. PRONOUNCED DEAD (Hour): AT 8:05 a.m.

23a. CERTIFIER-NAME: Robert Walker, M.D., 23b. MAILING ADDRESS: Copiah Medical Associates, Hazlehurst, MS 39083

24a. SIGNATURE: Robert L. Walker MD, 24b. DATE SIGNED: 7/29/98, 24c. STATE LICENSE NUMBER: 10032, 24d. NAME OF ATTENDING PHYSICIAN: PETER BENJAMIN, 24e. SIGNATURE: PETER BENJAMIN, 24f. DATE SIGNED: FEB 29 2000

25. PART I. IMMEDIATE CAUSE OF DEATH: (a) Cardiac arrest, (b) Atherosclerotic heart disease, (c) PETER BENJAMIN, HAZLEHURST COUNTY AUDITOR

26. PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED, 29b. DATE OF INJURY, 29c. HOUR OF INJURY, 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

29e. INJURY AT WORK, 29f. PLACE OF INJURY, 29g. LOCATION, Street or route number, City or town, State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
STATE REGISTRAR

AUG -7 98

61843

9.00/100

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

E31030

1000 FOR FIRST AM...