

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS



10759628

FILING DATE JUN 12 2013  
STATE FILE 123- 2013-062628

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

1. DECEDENT'S LEGAL NAME (First, Middle, Last)  
Davey C Sanford

2. SEX M 3a. HOUR OF DEATH 12:48 p 3b. DATE OF DEATH (Month, Day, Year)  
June 2, 2013

4. RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be)  
☒ White ☐ Black or African American ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Samoan ☐ Asian Indian ☐ Guamanian or Chamorro ☐ Other Asian (Specify) ☐ American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) ☐ Other Pacific Islander (Specify) ☐ Other (Specify)

5a. AGE AT LAST BIRTHDAY 78 5b. MOS 54 5c. DAYS 10266/1934 7. BIRTH PLACE (State or Foreign Country)  
Mississippi

8. PLACE OF DEATH (If not a facility, give street address, route number, or other location)  
IF DEATH OCCURRED IN A HOSPITAL ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)  
ST. DOMINIC JACKSON MEM. HOSPITAL 25S 9a. CITY, TOWN OR LOCATION OF DEATH JACKSON 9b. ZIP CODE 39216 9c. COUNTY OF DEATH HINDS

10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death.  
☐ 8<sup>th</sup> grade or less ☐ 9<sup>th</sup> - 12<sup>th</sup> grade no diploma ☐ High school graduate or GED completed ☐ Some college, no degree ☐ Associate degree (e.g., AA, AS) ☒ Bachelor's degree (e.g., BA, AB, BS) ☐ Master's degree (e.g., MA, MS, MEd, MSc, MBA) ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.B., JD) ☐ Unknown

11. MARITAL STATUS AT TIME OF DEATH  
☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown

12. SURVIVING SPOUSE (If wife, give maiden name)  
Patricia Louise Pike

13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)  
Yes

14. 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)

15. SOCIAL SECURITY NUMBER  
426-74-5262

16a. USUAL OCCUPATION (Kind of work done most of working life)  
Owner/Operator 16b. KIND OF BUSINESS OR INDUSTRY  
Photography Studio

17a. RESIDENCE - STATE Mississippi 17b. CITY OR TOWN Grenada 17c. ZIP CODE 38901 17d. STREET AND NUMBER OR RURAL LOCATION 1310 Whipperwill Cove 17e. INSIDE CITY LIMITS (Yes or No)  
Yes

18. FATHER'S NAME (First, Middle, Last)  
Benjamin Franklin Sanford, Sr.

19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)  
Frankie Salley

20a. INFORMANT - NAME (Type or print)  
Patricia Sanford 20b. RELATIONSHIP TO DECEDENT  
Wife

21a. DISPOSITION OF BODY (Specify: Burial, Cremation, donation, etc.)  
Interment in a cemetery 21b. CEMETERY/CREMATORY - NAME  
Oddfellows Cem. Greenwood, MS 21c. LOCATION (City and State)  
Greenwood, MS 21d. FUNERAL HOME LICENSE  
FS-707

22a. FUNERAL HOME (Who first assumed custody of body)  
Greater Jackson Mortuary 22b. FUNERAL HOME LICENSE  
FE-9415

23a. FUNERAL HOME (If body was transferred prior to disposition)  
National Funeral Home

23b. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print)  
Math Lynn AGP, FNP

23c. PRONOUNCED DEAD (Month, Day, Year)  
06-02-13 23d. PRONOUNCED DEAD (Time)  
AT 1248p

24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print)  
Davey Sanford 24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)  
911 Lakeland Drive, Suite 102, Jackson, MS 39211

25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.  
SIGNATURE [Signature] 25b. DATE SIGNED (Month, Day, Year)  
06-13 25c. STATE LICENSE NUMBER  
07721 25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  
Dr. Davey Sanford

26. CAUSE OF DEATH 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, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.  
(a) Ischemic heart disease  
(b) Myocardial infarction  
(c) Coronary artery disease  
(d) Arteriosclerosis

26. CAUSE OF DEATH PART II - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.  
(a) Ischemic heart disease  
(b) Myocardial infarction  
(c) Coronary artery disease  
(d) Arteriosclerosis

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

28a. AUTOPSY (Yes or No)  
☐ Yes ☐ No 28b. AUTOPSY FINDINGS AVAILABLE TO MEDICAL EXAMINER? (Yes or No)  
☐ Yes ☐ No

29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)  
☐ Yes ☐ No

30. DID TOBACCO USE CONTRIBUTE TO DEATH?  
☐ Yes ☐ No ☐ Probably ☐ Unknown

31. IF FEMALE, ☐ NOT pregnant within the past year ☐ PREGNANT at the time of death ☐ 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

32a. ACQUISITION OF HONORABLE SERVING INVESTIGATION OR UNDERTAKING (Specify)  
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

32b. IF TRANSPORTATION INJURY, SPECIFY

32c. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)

32d. CITY OR TOWN

32e. STATE

Form 511

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

6/14/2013  
Judy Moulder  
STATE REGISTRAR



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.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW