

ADMIRAL ZUMWALT & CONSULTANTS, INC.

E. R. ZUMWALT, JR.
PRESIDENT

FACSIMILE TRANSMISSION

From the Office of E. R. Zumwalt, Jr.
Admiral, U.S. Navy (Ret.)

TEL:

FAX:

E-MAIL:

DATE: April 13, 1999 *Priscilla*

TO: Holly Rotondi
Vietnam Veterans Memorial Fund

FAX NUMBER:

FROM: Priscilla Barry

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET: 4
(Please call if all pages are not received.)

AN ORIGINAL HAS x HAS NOT BEEN SENT TO YOU.

Holly,

I am placing this letter in the mail today along with Elmo's death certificate and DD214 which will not transmit clearly on the fax. Please note the question in the last paragraph of the letter.
Thanks.

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

Registration District No. 02695 Local No. _____

DECEDENT

PARENTS

INFORMANT

CAUSE OF DEATH

CERTIFIER

DISPOSITION

1. ELMO RUSSELL ZUMWALT, III			2. MALE	3. AUGUST 13, 1988	
4. SOCIAL SECURITY NUMBER	5. AGE - Last Birthday (Years) 42	6. UNDER 1 YEAR Months Days	7. UNDER 1 DAY Hours Minutes	8. DATE OF BIRTH (Month, Day, Year) JUNE 30, 1946	9. BIRTHPLACE (City and State or Territory) TULARE, CALIF.
10. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) YES		11. PLACE OF DEATH (Check only one, see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
12. FACILITY NAME (If not institution, give street and number) 309 HINSDALE AVE.		13. CITY, TOWN, OR LOCATION OF DEATH FAYETTEVILLE		14. INSIDE CITY LIMITS? (Yes or No) YES	15. COUNTY OF DEATH CUMBERLAND
16. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED	17. SURVIVING SPOUSE (If wife, give maiden name) KATHERINE COUNSELMAN	18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during last 12 months of life. Do not use retired.) ATTORNEY		19. KIND OF BUSINESS/INDUSTRY LAW	
20. RESIDENCE - STATE N.C.	21. COUNTY CUMBERLAND	22. CITY, TOWN, OR LOCATION FAYETTEVILLE	23. STREET AND NUMBER 309 HINSDALE AVE.		
24. INSIDE CITY LIMITS (Yes or No) YES	25. ZIP CODE 28305	26. Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. RACE - American Indian, Black, White, etc. (Specify) WHITE	28. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+)	
29. FATHER'S NAME (First, Middle, Last) ADMIRAL ELMO R. ZUMWALT, JR.			30. MOTHER'S NAME (First, Middle, Surname) MOUZA COUDELAIS-DU-ROCHE		
31. INFORMANT'S NAME (Type/Print) MRS. SANDRA QUINN			32. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 311 HINSDALE AVE., FAYETTEVILLE, N.C. 28305		
33. 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. List only one cause on each line.					34. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) TORSION					DAY
a. DUE TO (OR AS A CONSEQUENCE OF) NON-HODGKIN LYMPHOMA					YES
b. DUE TO (OR AS A CONSEQUENCE OF) HODGKIN LYMPHOMA					YES
c. DUE TO (OR AS A CONSEQUENCE OF):					
35. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. NONE					
36. AUTOPSY? (Yes or No) NO	37. If yes, were findings considered in determining cause of death? NA	38. Was case referred to Medical Examiner? (Yes or No) NO	39. TIME OF DEATH 6:30 AM		
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 DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.					
40. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				41. DATE SIGNED (Month, Day, Year) 5/19/88	
42. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) CHRISTOPHER T. AUL, MD. PROFESSIONAL DR. HOPE HILLS, N.C.					
43. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other		44. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) HIGHLAND CREMATORY		45. LOCATION - City or Town, State, Zip Code FAYETTEVILLE, NORTH CAROLINA 28301	
46. NAME AND ADDRESS OF FUNERAL HOME JERNIGAN-WARREN F.H. FAYETTEVILLE, N.C.		47. SIGNATURE OF FUNERAL DIRECTOR CHRIS D. EVANS		48. LICENSE NUMBER FSL-1511	
49. REGISTRAR'S SIGNATURE <i>[Signature]</i>		50. DATE FILED (Month, Day, Year) 8-15-88		51. SIGNATURE OF EMBALMER N/A	
52. REGISTRAR'S LICENSE NUMBER		53. REGISTRAR'S SIGNATURE		54. REGISTRAR'S LICENSE NUMBER	

HS 1072 Revised 1/88 VITAL RECORDS

True copy of *Death* Recorded in records of Cumberland County, North Carolina.

This *15th* day of *August*, 19*88*

George E. Totum

Register of Deeds
By *[Signature]*
[Signature]
Deputy