CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

2937631 **COMMONWEALTH OF VIRGINIA**
DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

DATE RECORD FILED: SEPTEMBER 22, 2020
STATE FILE NUMBER: 20-054387

1. FULL NAME OF DECEDENT (first) MARIE (middle) MITCHELL (last) DISHMAN (suffix)

2. SEX: MALE ☐ FEMALE ☒ NOT DETERMINED ☐
3. DATE OF DEATH: SEPTEMBER 20, 2020 ☐ ACTUAL ☐ PRESUMED ☐ APPROXIMATE ☐ FOUND
4. DATE OF BIRTH: NOVEMBER 7, 1931
5. AGE: Years 88 | IF UNDER 1 YEAR: Months, Days | IF UNDER 1 DAY: Hours, Minutes

6. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES ☐ NO ☒ UNKNOWN ☐
7. BIRTHPLACE (U.S STATE OR FOREIGN COUNTRY): VIRGINIA
8. SOCIAL SECURITY NUMBER: 231 - 36 - 4791
IF NO SSN, CHECK APPROPRIATE BOX: NONE ☐ NOT OBTAINABLE ☐ UNKNOWN ☐

9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.): 1400 ENTERPRISE DRIVE APT# S231
10. CITY OR TOWN OF RESIDENCE: LYNCHBURG
INSIDE CITY OR TOWN LIMITS? ☒ YES ☐ NO
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)
12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE: VIRGINIA
12a. ZIP CODE: 24502

13. RACE OF DECEDENT (CHECK ONE OR MORE)
☒ WHITE ☐ BLACK OR AFRICAN AMERICAN ☐ FILIPINO ☐ KOREAN ☐ AMERICAN INDIAN OR ALASKAN NATIVE(SPECIFY)
☐ ASIAN INDIAN ☐ CHINESE ☐ SAMOAN ☐ VIETNAMESE ☐ OTHER PACIFIC ISLANDER(SPECIFY)
☐ NATIVE HAWAIIAN ☐ GUAMANIAN OR CHAMORRO ☐ JAPANESE ☐ UNKNOWN ☐ OTHER ASIAN (SPECIFY) ☐ OTHER (SPECIFY)

14. DECEDENT OF HISPANIC ORIGIN?
☒ NON-HISPANIC ☐ CENTRAL OR SOUTH AMERICAN ☐ CUBAN ☐ MEXICAN ☐ PUERTO RICAN ☐ OTHER (SPECIFY) ☐ UNKNOWN

15. EDUCATION (HIGHEST GRADE COMPLETED)
☐ ELEMENTARY/SECONDARY (0-12) ☒ HIGH SCHOOL DIPLOMA ☐ GED ☐ YEARS OF COLLEGE
☐ ASSOCIATE DEGREE ☐ BACHELOR'S DEGREE ☐ MASTER'S DEGREE ☐ DOCTORATE/PROFESSIONAL DEGREE ☐ UNKNOWN

16. CITIZEN OF WHAT COUNTRY: UNITED STATES OF AMERICA
17. USUAL OR LAST OCCUPATION: HOMEMAKER
18. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

19. MARITAL STATUS: ☐ NEVER MARRIED ☐ MARRIED ☒ WIDOWED ☐ DIVORCED ☐ SEPARATED ☐ UNKNOWN
20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank): WILLIAM KENNETH DISHMAN

21. FULL NAME OF DECEDENT'S FATHER OR PARENT II(first,middle,last,suffix)(maiden name,if any): WEALTHY EDWARD MITCHELL
21a. GENDER: MALE
22. FULL NAME OF DECEDENT'S MOTHER OR PARENT I(first,middle,last,suffix)(maiden name,if any): HATTIE PRIDE WHITE
22a. GENDER: FEMALE

23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION: DAUGHTER
24. FULL NAME OF INFORMANT OR NAME OF SOURCE: LISA MARIE DISHMAN

25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): CENTRA LYNCHBURG GENERAL HOSPITAL
25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL: ☐ DOA ☐ OUT PAT. EMER RM ☒ INPATIENT

26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐ HOSPICE FACILITY ☐ NURSING HOME ☐ LONG TERM CARE FACILITY ☐ DECEDENT'S HOME ☐ CORRECTIONAL FACILITY ☐ OTHER (SPECIFY)

27. CITY OR TOWN OF DEATH: LYNCHBURG
28. STREET ADDRESS OR RT. NO OF PLACE OF DEATH: 1901 TATE SPRING ROAD
28a. ZIP CODE: 24501
28b. COUNTY OF DEATH (if independent city, leave blank)

29. METHOD OF DISPOSITION
☒ BURIAL ☐ ENTOMBMENT / MAUSOLEUM ☐ CREMATION / INCINERATION ☐ CREMATION WITH BURIAL ☐ CREMATION WITH ENTOMBMENT / MAUSOLEUM
☐ BURIAL AT SEA ☐ DONATION ☐ OTHER (SPECIFY)
☐ REMOVAL FROM STATE **(IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)**

30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY: FOREST BAPTIST CHURCH CEMETERY
31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY: 1147 TWO CHURCH LANE
31a. CITY / COUNTY: FOREST
31b. STATE: VIRGINIA
31c. ZIP CODE: 24551
31d. COUNTRY

32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE , VSAP OR NEXT OF KIN (ACTUAL SIGNATURE): /S/ PATRICK LEE HUBBLE-CARSON
32a. LICENSEE'S NO.: 0502100841
32b. NAME OF FUNERAL HOME OR FACILITY: THARP FUNERAL HOME AND CREMATORY, INC.
33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN: PATRICK LEE HUBBLE-CARSON
33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (Include street address, city, state and zip code): 220 BREEZEWOOD DRIVE LYNCHBURG VIRGINIA 24502

34. TIME OF DEATH: To the best of my knowledge, death occurred at 05:30 ☒ A.M. ☐ P.M. ☒ ACTUAL ☐ APPROXIMATE ☐ PRESUMED ☐ FOUND

35. 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.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death)	(A) STAGE 4 ADENOCARCINOMA OF THE LUNG	
Sequentially list conditions, if any, leading to immediate cause. Enter **UNDERLYING CAUSE** (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF) (B)	
	DUE TO (OR AS A CONSEQUENCE OF) (C)	
	DUE TO (OR AS A CONSEQUENCE OF) (D)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

36. WAS THE MEDICAL EXAMINER CONTACTED? ☐ YES ☒ NO
36a. AUTOPSY? ☐ YES ☒ NO
36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ YES ☐ NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ YES ☐ NO ☐ POSSIBLY ☒ UNKNOWN

38. IF FEMALE:
☐ PREGNANT AT TIME OF DEATH ☐ UNKNOWN IF PREGNANT WITHIN THE PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH
☐ NOT PREGNANT WITHIN PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH ☒ NOT APPLICABLE (if decedent's age is 0-5 or 75 years)

39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? ☐ PRIMARY ☐ CONTRIBUTING
40. WAS THIS A MILITARY DEATH? ☐ YES ☒ NO
40a. IF MILITARY DEATH, SELECT MANNER OF DEATH: ☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING

ITEMS 41 TO 47 IN THIS SECTION SHOULD ONLY BE COMPLETED FOR MILITARY DEATHS

41. DATE OF INJURY
42. TIME OF INJURY ☐ A.M. ☐ P.M
43. INJURY AT WORK? ☐ YES ☐ NO ☐ UNKNOWN
44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.)
45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)
45a. CITY / COUNTY
45b. STATE
45c. ZIP CODE
45d. COUNTRY
46. IF TRANSPORTATION INJURY, SPECIFY ☐ DRIVER/OPERATOR ☐ PASSENGER ☐ PEDESTRIAN ☐ OTHER (SPECIFY)
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

48. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH: /S/ REZA SEDIGHI
48a. TITLE ☒ MEDICAL DOCTOR ☐ PHYSICIAN ASSISTANT ☐ DOCTOR OF OSTEOPATHY (D.O.) ☐ NURSE PRACTITIONER ☐ OTHER
48b. DATE SIGNED: SEPTEMBER 22, 2020
49. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH: REZA SEDIGHI
49a. ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH: P.O. BOX 11646 LYNCHBURG VIRGINIA 24506
49b. MEDICAL LICENSE NO.: 0101249708
50. ARE YOU A DESIGNEE? ☐ YES ☒ NO
51. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ABSENT PHYSICIAN
51a. ADDRESS OF AUTHORIZING PHYSICIAN

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED SEPTEMBER 22, 2020

Janet M. Rainey
Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

VS 15C

VOID IF ALTERED OR ERASED

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VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED