COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

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

338067 VERSION	REGISTRATION 1464 SYMBER CIRTIFICATE NUMBER					STATE FILE NUMBI	ER	
DECEDENT	T. FULL NAME OF DECEDENT (flist) (middle)			DISHMAN (last)		(suffix)		
	2 SEX 3. DATE OF DEATH 4. DATE OF BIRTH 5. AGE IF UNDER LYFAR IF U						DER I DAY Minutes	
	MALE FEMALE NOT DETERMINED JULY 7, 2019 6 WAS DECEDENT EVER IN U.S. ARMED FORCES? 7 INITIALIZATION OF	TATE FOUND	SEPTEM	1BER 2, 1928	90 (BER	IF NO SSN, CHEC	K APPROPRIATE E	iox
	YES NO UNANOUTE VIRGINIA 9 STREET ADDRESS (INCLIDE HOUSE ANDOR APT. # OR ROUTE NO.)	I 10.	CITY OR TOWN OF RES	228 - 22 -	9595		INSIDE CITY OR TO	UNKNOWN DWN LIMITS?
USUAL RESIDENCE OF DECEDENT	75 SOUTH LAKE DRIVE	ll L	YNCHBURG	N COUNTRY) OF DECEDENT	e DESIDIAN'S		ZIP CODE	■ NO
	TIL COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) CAMPBELL COUNTY 13 RACE OF DECEDENT (CIRCK ONE OR MORE)	v	IRGINIA		3 RESIDENCE	- 1	2450)2
PERSONAL DATA OF DECEDENT	3. RACE OF DECEDENT (CHECK ONE OR MORE)							
	NATIVE HAWAIIAN GUAMANIAN OR CHAMORRO JAPANESE UNKNOWN OTHER (SPECIFY) 14 DECEDENT OF HISPANIC ORIGIN?							
	■ NON-HISPANIC							
FEMALE PARENTS USE MAIOEN LAST NAME	ASSOCIATE DEGREE DACIFLORS DEGREE MASTERS DEGREE DOCTORATE/PROFESSIONAL DEGREE UNKNOWN 16. CITIZEN OF WHAT COUNTRY 17. USUAL OR LAST OCCUPATION 18. KIND OF BUSINESS OR INDUSTRY UNITED STATES OF AMERICA BUSINESS OWNER WHOLESALE FLORIST							
	19. MARTIAL STATUS DI IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave by the control of							all
	21 FULL NAME OF DECEDENTS FATHER OR PARENT II (first_middle_last_suffix(maiden name.if any) JAMES SAMUEL DISHMAN	21a. GENDER MALE	22. FULL NAME OF D	DECEDENT'S MOTHER OR PAR	307.12	dle,last_suffix)(maiden na		220. GENDER FEMALE
INFORMANTS	23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION	MADE	24. FULL NAME OF I	NFORMANT OR NAME OF SO				LIMABE
DETAILS	SPOUSE 25 NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state)	(I)	MARIE MIT	CHELL DISHMA		ELECT ONE IF DEATH	OCCURRED IN HO	SPITAL INPATIENT
PLACE OF DEATH	NONE 26 SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL			100	i			INPATIENT
	27. CITY OR TOWN OF DEATH 28 STREET ADDRESS OR RT. NO OF PLACE	E OF DEATH	CORRECTIONAL FACT	28a. ZIP COI	DE	28b. COUNTY OF DE		city, leave blank)
	LYNCHBURG 75 SOUTH LAKE DRIVE 29 METHOD OF DISPOSITION	· · · · · · · · · · · · · · · · · · ·	Bur.		1502	CAMPBEL		
ONLY THE FOLLOWING MAY	BURIAL ENTOMBMENT / MAUSOLEUM CREMATION / INCINERATION CREMATION WITH BURIAL CREMATION WITH ENTOMBMENT / MAUSOLEUM DONATION OTHER (SPECIFY) REMOVENCE FROM OPTIONS SHOWN)							
LEGALLY FILE A DEATH CERTIFICATE	30 PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY THARP FUNERAL HOME & CREMATION CENTER, INC.							
FUNERAL DIRECTOR/ LICENSEE	31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY 220 BREEZEWOOD DRIVE 310. CITY/COUNTY 24502 LYNCHBURG 310. CITY/COUNTY VIRGINIA 24502							
STATE ANATOMICAL BOARD NEXT OF KIN	32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE, VSAPOR NEXT OF KIN (ACTUAL SIGNATURE /S/ PATRICK LEE HUBBLE-CARSON	10-553 TEACON	1 100000 1000	326. NAME OF FUNERAL HOM THARP FUNERA			ATORY, IN	C.
	33 NAME OF FUNERAL DIRECTOR/LICENSEE, VSAP OR NEXT OF KIN PATRICK LEE HUBBLE-CARSON	NE 231 11 21 21 31		DRIVE LYNCHE				
CAUSE OF DEATH TO PHYSICIAN Complete and sagn medical certification (terms 34-40a), and return to function and possible after inquiry NOTE II	34 TIME OF DEATH. To the best of my knowledge, death occurred at 07:25 A.M	P.M. ACT			D F	OUND	INTERVAL BE	TWEEN
	IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) Mefactory			all a	ara	nova	ONSET AND	DEATH
	Sequentially list conditions, if any, leading to immediate cause. Finer UNDERLY/ING CAUSE (Dissace or injury) that initiated events (B)				10			
	resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) (C)		The state of the s	Silve Maria	We all			
	DUE TO (OR AS A CONSEQUENCE OF)							
	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					- 0		
Pending must be indicated, so state in part 1 and notify registrar of final decision as soon as possible			LABLE TO COMPLETE	The shirthings	_	CO USE CONTRIBUTE		
	YES NO YES Y	_	YES NO		YES NT. BUT PREG	NO POS	YS OF DEATH	CNOWN
	NOT PREGNANT WITHIN PAST YEAR NOT PREGNANT, BUT PREGNANT WITH		DEATH? 40a. IF	MILITARY DEATH, SELECT	ABLE (if decede	mi's age is 0-5 or 75 years	s)	
	PRIMARY CONTRIBUTING] NO	ATURAL ACCIDENT D FOR MILITARY DEATHS	SUICIDE	HOMICIDE UN	NDETERMINED	PENDING
INJURY INFORMATION To be filled out only for MILITARY DEATHS	41. DATE OF INJURY 42. TIME OF INJURY 43. INJU	VRY AT WORK? YES NO	UNKNOWN	44. PLACE OF INJURY (hor		street, office, bldg, etc.)		- Telegraphic (1997)
	45 LOCATION OF INJURY-STREET ADDRESS INCLUDE HOUSE AND OR APT # OR ROUTE NO 1 45a. CT	TY/COUNTY	45b. STA	n:	45c. ZIP C	CODE 45d (COUNTRY	
	46. IF TRANSPORTATION INJURY. SPECIFY DRIVER-OPERATOR PASSENG 47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	ER PED	ESTRIAN 0	OTHER (SPECIFY)				
7					Con II			
MEDICAL CERTIFICATION	48 SIGNATURE OF PLASSON DOMPS THAN THE CAUSE OF WATH	48a. 1111.E 48a. 1111.E 1111.E	EDICAL DOCTOR JRSE PRACTITIONER	PHYSICIAN ASSISTANT OTHER	DIXX:TOR C	OF OSTEOPATHY (D.O.	48b. DATESIO	3/(4
	49 NAME OF VICTOR OF PROVIDENCE THE MEDICAL CHEFFICATION OF DEATH ENVICENCE TO SET	49a ADDRESS OF I		MEDICAL CERTIFICATION		VACES		25/537
	50. ARE YOU A DESIGNEE? SI, IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ARE YES NO	SENT PHYSICIAN	Sla Al.	DIDRESS OF AUTHORIZING PH	YSICIAN) - 1.1		
4		ME OF REGISTRAN	CHMIX	0		52b. DATE RECORD	- { 7	
REGISTRAR	53. RUSURVED FOR RAGISTRARS USE	mrd (1				1	-11	
			10110					

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DATE ISSUED

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