

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—BUREAU OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A

FOR BUREAU OF
VITAL STATISTICSREGISTRATION
AREA NUMBER

106

CERTIFICATE
NUMBER

733

STATE FILE
NUMBER

79-025715

DECEDENT

1. FULL NAME OF DECEASED (first) (middle) (last) BEATRICE S. HARSTIN			2. SEX male female <input type="checkbox"/> <input checked="" type="checkbox"/>		3. RACE Caucasian
4. DATE OF (mo.) (day) (year) DEATH August 31, 1979		5. AGE 80 years		6. DATE OF (mo.) (day) (year) BIRTH August 18, 1899	
IF UNDER 1 YEAR months days		IF UNDER 1 DAY hours minutes		7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes no <input type="checkbox"/> <input checked="" type="checkbox"/>	

PLACE OF DEATH

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) No. Virginia Doctors Hospital			DOA <input type="checkbox"/> Out pat./ Emer. Rm. <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/>		9. COUNTY OF DEATH (if independent city, leave blank) Arlington
10. CITY OR TOWN OF DEATH inside city or town limits? yes <input type="checkbox"/> no <input type="checkbox"/>			11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 601 S. Carlin Springs Road		

USUAL RESIDENCE OF DECEDENT

12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia			13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank) Arlington		
14. CITY OR TOWN OF RESIDENCE inside city or town limits? yes <input type="checkbox"/> no <input type="checkbox"/>			15. STREET ADDRESS OR RT. NO. OF RESIDENCE 4765 N. 33 Street		ZIP CODE 22207

PERSONAL DATA OF DECEDENT

16. NAME OF FATHER OF DECEASED Unknown			17. MAIDEN NAME OF MOTHER OF DECEASED Cora Shiach		
18. CITIZEN OF WHAT COUNTRY U.S.A.	19. BIRTHPLACE (state or country) Mass.	20. NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/>	DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Hugh H. Harstin	
23. USUAL OR LAST OCCUPATION Housewife		24. KIND OF BUSINESS OR INDUSTRY Own Home		25. INFORMANT - OR SOURCE OF INFORMATION Mr. Hugh H. Harstin	

TO PHYSICIAN:

Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.

MEDICAL CERTIFICATION

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) <i>Carcinoma of Colon</i>			<i>2 years</i>
DUE TO (B)			
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.			
DUE TO (C)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)			26a. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
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26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	26c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER	26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
26e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	26f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	26h. (city or town) (county) (state)

26i. To the best of my knowledge, death occurred at 2 (a.m.) (~~p.m.~~) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE <i>Howard O. Mott</i>	DATE SIGNED: <i>8/31/79</i>
NAME OF ATTENDING PHYSICIAN (Type or Print) <i>H. O. MOTT</i>	ADDRESS OF ATTENDING PHYSICIAN <i>Arlington Va.</i>

FUNERAL DIRECTOR

27. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Cedar Hill Cemetery Suitland, Maryland
29. (Signature of funeral director or person legally filing this certificate) <i>Gary E. Totman</i>	NAME OF FUNERAL HOME AND ADDRESS: Arlington Funeral Home 3901 N. Fairfax Dr. Arl., Va. 22203

REGISTRAR

30. (signature of registrar) <i>Annabelle Bellette</i>	DATE RECORD FILED: <i>9/4/79</i>
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MARGIN RESERVED FOR BINDING

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