

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

COPY A

FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER 212	CERTIFICATE NUMBER 205
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STATE FILE NUMBER

DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) William Herman Johnson			2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
	3. DATE OF DEATH (mo.) (day) (year) May 11, 2010	4. AGE 80 years	5. DATE OF BIRTH (mo.) (day) (year) August 17, 1929		6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Rockingham Memorial Hospital			8. COUNTY OF DEATH (if independent city, leave blank)	
	9. CITY OR TOWN OF DEATH Harrisonburg			10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 235 Cantrell Ave.	
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia			12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Rockingham	
	13. CITY OR TOWN OF RESIDENCE Harrisonburg			14. STREET ADDRESS OR RT. NO. OF RESIDENCE 109 Glendale Dr.	
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER Herman Edwin Johnson			16. MAIDEN NAME OF DECEDENT'S MOTHER Gertrude Hill	
	17. RACE OF DECEDENT White	18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes		19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 5+	
PERSONAL DATA OF DECEDENT	20. CITIZEN OF WHAT COUNTRY USA	21. BIRTHPLACE (state or country) North Carolina	22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Carolyn Fisher Johnson	
	24. SOCIAL SECURITY NUMBER 244-36-0556	25. USUAL OR LAST OCCUPATION Financial Service	26. KIND OF BUSINESS OR INDUSTRY Physical Therapy	27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP Neil F. Johnson - son	
CAUSE OF DEATH	28. 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.				INTERVAL BETWEEN ONSET AND DEATH 2 months
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) Metastatic prostate cancer DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) DUE TO (OR AS A CONSEQUENCE OF): (C)				
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				28a. AUTOPSY AUTHORIZED BY: <input type="checkbox"/> yes <input type="checkbox"/> no
	29b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	29c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH		29d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
29e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	29f. INJURY OCCURRED white <input type="checkbox"/> not white <input type="checkbox"/> at work <input type="checkbox"/>		29g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) 29h. (city or town) (county) (state)		
29i. To the best of my knowledge, death occurred at 6:50 (a.m.) (p.m.) on the date and place and from the cause(s) stated.					
ACTUAL SIGNATURE	NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. Mary Helen Witt			DATE SIGNED 5/12/10	
FUNERAL DIRECTOR	29. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			30. PLACE OF BURIAL REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Eastlawn Memorial Gardens Harrisonburg, VA	
	31. (Signature of funeral director or person legally filing this certificate) Lindsay Funeral Homes & Crematory			NAME OF FUNERAL HOME AND ADDRESS: 473 South Main Street Harrisonburg, VA 22801-3608	
REGISTRAR	32. (Signature of registrar) Sonetta H. Under Deputis			DATE RECORD FILED: 05-13-10	
RESERVED FOR REGISTRAR'S USE					

MARGIN RESERVED FOR BINDING
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This is to certify that this is a true and correct reproduction of the original record filed with the Harrisonburg-Rockingham Department of Health, Harrisonburg, Virginia.

Date Issued May 13, 2010

Sonetta H. Under Deputis
Registrar or Deputy

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