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

COPY A

FOR DIVISION OF
VITAL RECORDS

REGISTRATION
AREA NUMBER

129

CERTIFICATE
NUMBER

3485

STATE FILE
NUMBER

DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) Suzanne Ross Gilson						2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>	
	3. DATE OF DEATH (mo.) (day) (year) October 27, 2008		4. AGE 78 years		5. DATE OF BIRTH (mo.) (day) (year) December 20, 1929		6. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
PLACE OF DEATH	7. NAME OF HOSPITAL OF TITUTION OF DEATH (if none, so state) Mt. Vernon Nursing and Rehab						8. COUNTY OF DEATH (if independent city, leave blank) Fairfax	
	9. CITY OR TOWN OF DEATH Alexandria						10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 8111 Tiswell Drive	
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) Fairfax	
	13. CITY OR TOWN OF RESIDENCE Springfield						14. STREET ADDRESS OR RT. NO. OF RESIDENCE 7314 Scarborough Street	
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER John George Ross						16. MAIDEN NAME OF DECEDENT'S MOTHER Dorothy Sisk	
	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 +) 4			
	20. CITIZEN OF WHAT COUNTRY U.S.A.		21. BIRTHPLACE (state or country) Texas		22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>		23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Geoffrey Gilson	
	24. SOCIAL SECURITY NUMBER 466-40-3184		25. USUAL OR LAST OCCUPATION Teacher		26. KIND OF BUSINESS OR INDUSTRY Education		27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP Ross Gilson/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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) CVA DUE TO (OR AS A CONSEQUENCE OF): (B) VASCULAR DEMENTIA DUE TO (OR AS A CONSEQUENCE OF): (C) CAD						INTERVAL BETWEEN ONSET AND DEATH	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28a. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>							
MEDICAL CERTIFICATION	28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>		28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH		28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED			
	28e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____		28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>		28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)		28h. (city or town) (county) (state)	
	28i. To the best of my knowledge, death occurred at 10:35 (p.m.) on the date and place and from the cause(s) stated.							
	ACTUAL SIGNATURE: David W. Genthuck, MD NAME OF ATTENDING PHYSICIAN (Type or Print) DAVID W. GENTHUCK, MD ADDRESS OF ATTENDING PHYSICIAN 8109 HINSON FARM RD SDA, ALEXANDRIA 22304						DATE SIGNED: 10/29/08	
FUNERAL DIRECTOR	29. BURIAL <input type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>		30. PLACE OF BURIAL, REMOVAL, ETC. National Crematory Falls Church, VA					
	31. (Signature of funeral director or person legally filing this certificate) FUNERAL SERVICE LICENSEE / NEXT OF KIN Faint signature						NAME OF FUNERAL HOME AND ADDRESS: Demaine Funeral Home 5308 Backlick Road, Springfield, VA 22151	
REGISTRAR	32. (signature of registrar) Faint signature						DATE RECORD FILED: 10/29/08	
RESERVED FOR REGISTRAR'S USE								

This is to certify that this is a true and correct reproduction of the original record filed with the FAIRFAX COUNTY HEALTH DEPARTMENT, FAIRFAX VIRGINIA.

OCTOBER 29, 2008
DATE ISSUED

DEPUTY REGISTRAR

(SEAL)

VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL