DEATH CERT. & ME(HAUT) REPORT

CERTIFICATION OF VITAL RECORD

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COMMONWEALTH OF VIRGINIA

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER: 179

CERTIFICATE NUMBER: 1876

MEDICAL EXAMINER'S CERTIFICATE

STATE FILE NUMBER: 93-029216

DECEDENT

1. FULL NAME OF DECEDENT (first) (middle) (last): Vincent Walker Foster, Jr.

2. SEX: male [X] female [ ]

3. DATE OF DEATH (mo.) (day) (year): July 20, 1993

4. AGE: 48 years

IF UNDER 1 YEAR: months / days

IF UNDER 1 DAY: hours / minutes

5. DATE OF BIRTH (mo.) (day) (year): Jan. 15, 1945

6. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes [X] no [ ]

7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): Fairfax Hospital

DOA [X] Out Pat. Emer Rm [ ] Inpatient [ ]

8. COUNTY OF DEATH (if independent city, leave blank): Fairfax

9. CITY OR TOWN OF DEATH: Falls Church

inside city or town limits? yes [ ] no [X]

10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 3300 Gallows Road

RESIDENCE OF DECEDENT

11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE: Washington, D,C.

12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank):

13. CITY OR TOWN OF RESIDENCE: Washington, D.C.

inside city or town limits? yes [X] no [ ]

14. STREET ADDRESS OR RT. NO. OF RESIDENCE: 3027 Cambridge Place, N.W.

ZIP CODE: 20007

15. NAME OF DECEDENT'S FATHER: Vincent Walker Foster

16. MAIDEN NAME OF DECEDENT'S MOTHER: Alice Mae Waddle

17. RACE OF DECEDENT: Caucasian

18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. no [X] yes [ ]

19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): ____ College (1-4 or 5+): 5+

20. CITIZEN OF WHAT COUNTRY: U.S.A.

21. BIRTHPLACE (state or country): Arkansas

22. NEVER MARRIED [ ] MARRIED [X] DIVORCED [ ] WIDOWED [ ]

23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank): Lisa Braden Foster

24. SOCIAL SECURITY NUMBER: 429-80-1132

25. USUAL OR LAST OCCUPATION: Attorney

26. KIND OF BUSINESS OR INDUSTRY: Law

27. INFORMANT - OR SOURCE OF INFORMATION: Lisa Braden Foster

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) PERFORATING GUNSHOT WOUND MOUTH - HEAD

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)

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 [X] no [ ] ME

MEDICAL CERTIFICATION

28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes [ ] no [ ] unknown [ ]

28c. IF EXTERNAL CAUSE, IT WAS PRIMARY [ ] or CONTRIBUTING [ ] TO CAUSE OF DEATH

28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED: Self-inflicted gunshot wound mouth to head

28e. TIME OF INJURY (mo.) (day) (year): A.M. P.M. July 20'93

28f. INJURY OCCURRED while at work [ ] not while at work [X]

28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.): Park

28h. (city or town) (county) (state): Fairfax Va

28i. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted at or about 6:15 (AM) (PM) from:

NATURAL CAUSES [ ] ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]

ACTUAL SIGNATURE ▶ [signature]

DATE SIGNED: July 27,1993

NAME OF MEDICAL EXAMINER (Type or Print): Donald D HAUT MD

ADDRESS OF MEDICAL EXAMINER: 312 S Washington St Alexandria,Va 22314

29. BURIAL [X] REMOVAL [ ] CREMATION [ ]

30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state): Memory Gardens, Hope, Arkansas

31. (Signature of funeral director or person legally filing this certificate) ▶ [signature]

NAME OF FUNERAL HOME AND ADDRESS: Murphy Funeral Home 4510 Wilson Blvd.,Arlington, VA

32. (signature of registrar) ▶ [signature]

DATE RECORD FILED: 7/27/93

RESERVED FOR REGISTRAR'S USE

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

DEC 27 1995

Deborah M. Little, State Registrar

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VS 15B

American Bank Note Company

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