

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

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

COPY A

FOR BUREAU OF VITAL STATISTICS

REGISTRATION AREA NUMBER <i>1006</i>	CERTIFICATE NUMBER <i>809</i>	STATE FILE NUMBER <i>80-028970</i>
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DECEDENT <i>1</i>	1. FULL NAME OF DECEASED (first) (middle) (last) Helen Marie Coppola			2. SEX male female <input type="checkbox"/> <input checked="" type="checkbox"/>		3. RACE Caucasian
	4. DATE OF (mo.) (day) (year) DEATH August 28, 1980		5. AGE 75 years		6. DATE OF (mo.) (day) (year) BIRTH Jan 18, 1905	
PLACE OF DEATH <i>02 3</i>	8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) No. Va. Doctors Hospital			DOA <input type="checkbox"/>	Out pat./ Emer. Rm. <input type="checkbox"/>	Inpatient <input checked="" type="checkbox"/>
	10. CITY OR TOWN OF DEATH Falls Church			11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 601. S. Carlyn Spring Road		
USUAL RESIDENCE OF DECEDENT <i>129</i>	12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia			13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank) Fairfax		
	14. CITY OR TOWN OF RESIDENCE Falls Church			15. STREET ADDRESS OR RT. NO. OF RESIDENCE 6166 Leesburg Pike		ZIP CODE 22044
PERSONAL DATA OF DECEDENT <i>539 3</i>	16. NAME OF FATHER OF DECEASED Anthony Bolti			17. MAIDEN NAME OF MOTHER OF DECEASED Ida Rine		
	18. CITIZEN OF WHAT COUNTRY U.S.A.	19. BIRTHPLACE (state or country) Pennsylvania	20. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Nicola Coppola		
	23. USUAL OR LAST OCCUPATION Housewife		24. KIND OF BUSINESS OR INDUSTRY Home	25. INFORMANT - OR SOURCE OF INFORMATION Dolores M. Coppola-daugh.		

TO PHYSICIAN:	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 72 hrs.
	IMMEDIATE CAUSE (A)	Cerebral Thrombosis	
	DUE TO (B)	Arteriosclerosis	
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"/>
Radne lipptula Adult med dental		
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"/> 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.)
26i. To the best of my knowledge, death occurred at 11:10 A.M. (a.m.) (p.m.) <input checked="" type="checkbox"/> on the date and place and from the cause(s) stated.		26h. (city or town) (county) (state)

ACTUAL SIGNATURE	Thomas E. O'Brien	DATE SIGNED 8-29-80
NAME OF ATTENDING PHYSICIAN (Type or Print)	ADDRESS OF ATTENDING PHYSICIAN	
Dr. Thomas E. O'Brien	313 Park Avenue-Falls Church, Va.	

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) Gate of Heaven Cemetery-Silver Spring, Md.
	29. Signature of funeral director or person legally filing this certificate Ernest L. Myers NAME OF FUNERAL HOME AND ADDRESS: The Colonial Funeral Home Falls Church, Va. 22044	

REGISTRAR	30. Signature of registrar Dolores M. Coppola	DATE RECORD FILED: 8/29/80
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MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having black unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

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

MEDICAL CERTIFICATION

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