

VALID ONLY WITH IMPRESSED SEAL

DATE ISSUED:

MAR 16 1977

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Key # 13-188 Medical-Certification

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

For Copy McCreedy

STATE RECORDS OF VITAL RECORDS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH											
1. STATE REGISTRAR 905523		2. DECEASED NAME (FIRST, MIDDLE, LAST) Hobert Dewitt Cothran						7a. DATE OF DEATH (MONTH, DAY, YEAR) March 11, 1977		7b. HOUR OF DEATH 9:23 A.M.	
3. SEX Male		4. RACE Cauc.		5. DATE OF BIRTH (MONTH, DAY, YEAR) 6-1-29		6. AGE (IN YEARS, LAST BIRTHDAY) 47		7c. YEAR, MONTH, DAY, HOUR OF BIRTH		7d. YEAR, MONTH, DAY, HOUR OF DEATH	
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky		9. CITIZEN OF WHAT COUNTRY? U.S.A.		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. BALTIMORE CITY OR COUNTY OF DEATH Montgomery					
12. CITY OR TOWN OF DEATH Bethesda		13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION The Clinical Center, NIH				14a. USUAL OCCUPATION (TYPE OF WORK OR MOST OF WORKING LIFE) Steel Manufacturer		14b. KIND OF BUSINESS OR INDUSTRY (STREET ADDRESS) 3720			
15a. USUAL RESIDENCE (IF NOT IN HOME OR OTHER INSTITUTION, GIVE STREET, CITY, STATE, ZIP CODE) 15b. STATE Ind.		15c. COUNTY Lake		15d. CITY OR TOWN Schererville		15e. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		15f. STREET ADDRESS 738 Sandi Lane			
16. FATHER'S NAME (FIRST, MIDDLE, LAST) Herman R. Cothran				17. MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST) Monico Colson				18. WAS DECEASED EVER IN U.S. ARMED FORCES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes Korean			
19. SOCIAL SECURITY NO. Not Avail.		20. INFORMANT The Medical Record						21. ADDRESS OF INFORMANT The Clinical Center, NIH, Bethesda, Md.			
22. CAUSE OF DEATH (Enter only one cause per part) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF Radiation pneumonitis										23. DURATION OF ILLNESS weeks	
DUE TO OR AS A CONSEQUENCE OF Oat cell carcinoma of the lung										24. DURATION OF ILLNESS months	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. TIME OF INJURY (HOUR, A.M., MONTH, DAY, YEAR) 19		21c. HOW INJURY OCCURRED (ENTER TYPE OF INJURY IN ITEM 18, PART I OR PART 2)							
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		21f. LOCATION (STREET, CITY OR TOWN, COUNTY, STATE)							
22b. I certify that (we) (this hospital) attended the deceased from 02 February 19 77 to 11 March 19 77 , that <input checked="" type="checkbox"/> (we) last saw the deceased alive on 11 March 19 77 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. <input checked="" type="checkbox"/> (we) (did) (do) view the body after death.										22c. DATE SIGNED 3/10/77	
22b. SIGNATURE <i>J. W. Mier</i>				DEGREE MD		ATTENDING PHYSICIAN <input checked="" type="checkbox"/> MEDICAL DIRECTOR <input type="checkbox"/> STAFF PHYSICIAN <input checked="" type="checkbox"/>					
22b. PHYSICIAN'S NAME (TYPE OR PRINT) James W. Mier				22c. ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md. 20014							
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		23b. DATE 3-14-77		23c. NAME OF CEMETERY OR CREMATORY Chapel Lawn Cem.		23d. LOCATION (CITY OR TOWN, COUNTY, STATE) Schererville, Ind.					
24. FUNERAL DIRECTOR NAME Robert A. Pumphrey Funeral Homes, P.A., Bethesda, Md.						25a. DATE REC'D. BY REGISTRAR MAR 18 1977		25b. REGISTRAR'S SIGNATURE <i>Anthony McCreedy</i>			

Donald Jermey
738 Sandi Lane
REG. NO.

FILED
1977

Doctor
County