

45-08-08-378-004-0000

S2032A

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

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

01-036443

2011 017661

2011 MAR 28 AM 10:35

FILED FOR RECORD

VOID IF ALTERED OR ERASED

REGISTRATION AREA NUMBER	CERTIFICATE NUMBER	STATE FILE NUMBER
1. FULL NAME OF DECEDENT (first, middle, last) Eddie Augustus Dillard	2. SEX male female <input checked="" type="checkbox"/> <input type="checkbox"/>	
3. DATE OF DEATH (mo., day, year) September 11, 2001	4. AGE 54 years	5. DATE OF BIRTH (mo., day, year) May 18, 1947
6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) None	7. COUNTY OF DEATH Arlington	
8. CITY OR TOWN OF DEATH Arlington	9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH The Pentagon	
10. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE VA	11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)	
12. CITY OR TOWN OF RESIDENCE Alexandria	13. STREET ADDRESS OR RT. NO. OF RESIDENCE 5113 Heritage Lane	14. ZIP CODE 22311
15. NAME OF DECEDENT'S FATHER Major Dillard	16. MAIDEN NAME OF DECEDENT'S MOTHER Emma Lois Robinson	
17. RACE OF DECEDENT Black	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 (9-12) College (1-4 or 5+)
20. CITIZEN OF WHAT COUNTRY USA	21. BIRTHPLACE (state or country) AL	22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>
23. SOCIAL SECURITY NUMBER 303-48-1074	24. USUAL OR LAST OCCUPATION District Manager	25. KIND OF BUSINESS OR INDUSTRY Phillip Morris
26. PART I: Enter the disease, 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) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) - LAST	27. INFORMANT - OR SOURCE OF INFORMATION Rosemary Dillard	28. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
IMMEDIATE CAUSE (A) Multiple Blunt Force Injuries DUE TO (OR AS A CONSEQUENCE OF) (B) Terrorist Attack on the Pentagon DUE TO (OR AS A CONSEQUENCE OF) (C)		28a. AUTOPSY? AUTHORIZED BY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AFME
29. IF FEMALE, WAS THERE A PREGNANCY IN PAST 6 MONTHS? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>	28b. IF EXTERNAL CAUSE, IT WAS PRIMARY CONTRIBUTOR TO CAUSE OF DEATH	28c. DESCRIBE HOW INJURY RELATED TO DEATH OCCURRED Homicide (Terrorist Attack)
28e. TIME OF INJURY (mo., day, year) 09:37 09/11/2001	28f. INJURY OCCURRED while at work <input checked="" type="checkbox"/> not while at work <input type="checkbox"/>	28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc) The Pentagon
28h. (city or town) (county) (state) Arlington Arlington VA	28i. (a.m., p.m.) on the date and place and from the cause(s) stated 0937	DATE SIGNED 12 Oct 01
ACTUAL SIGNATURE ABUBAKR A. MARZOUK, MD, Armed Forces Medical Examiner	ADDRESS OF ATTENDING PHYSICIAN OAFME 1413 Research Blvd, Rockville, MD 20850	
29. BURIAL REMOVAL CREMATION	30. PLACE OF BURIAL REMOVAL ETC (name of cemetery or crematory) (city or county) (state)	
31. (Signature of funeral director or person legally filing this certificate) Janet M. Rainey	NAME OF FUNERAL HOME AND ADDRESS COMMUNITY TITLE COMPANY	
RESERVED FOR REGISTRAR'S USE	DATE RECORD FILED OCT 17 2001	FILE NO L 44312

FILED

MAR 28 2011

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR



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 November 26, 2001

Deborah Little-Bowser, State Registrar

Do not accept unless on security paper with seal of Vital Statistics clearly impressed. Section 32.1-272, Code of Virginia, as amended.

VS 15B

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

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11th cm RM

5835-0953-0311 PressureSeal Patents 4,918,128; 4,928,875; Moore North America. ©2000. SecureScan® Patents 5,018,797; 5,193,853; and other patents pending. - 221