

CERTIFICATE OF VITAL RECORD
VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW
2755605 COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

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

1. FULL NAME OF DECEDENT (first) JAMES		(middle) EARL		(last) BOWERS		DATE RECORD FILED OCTOBER 29, 2020		STATE FILE NUMBER 20-062467			
2. SEX ☒ MALE ☐ FEMALE ☐ NOT DETERMINED		3. DATE OF DEATH OCTOBER 25, 2020		4. DATE OF BIRTH FEBRUARY 20, 1934		5. AGE Years 86		IF UNDER 1 YEAR Months Days		IF UNDER 1 DAY Hours Minutes	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ YES ☐ NO ☐ UNKNOWN		7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) WEST VIRGINIA		8. SOCIAL SECURITY NUMBER 232 - 60 - 5503		IF NO SSN, CHECK APPROPRIATE BOX ☐ NONE ☐ NOT OBTAINABLE ☐ UNKNOWN					
9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 7100 HOLLY BERRY LANE				10. CITY OR TOWN OF RESIDENCE FREDERICKSBURG				INSIDE CITY OR TOWN LIMITS? ☐ YES ☒ NO			
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) SPOTSYLVANIA COUNTY				12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE VIRGINIA				12a. ZIP CODE 22407			
13. RACE OF DECEDENT (CHECK ONE OR MORE) ☒ WHITE ☐ BLACK OR AFRICAN AMERICAN ☐ FILIPINO ☐ KOREAN ☐ AMERICAN INDIAN OR ALASKAN NATIVE (SPECIFY) ☐ ASIAN INDIAN ☐ CHINESE ☐ SAMOAN ☐ VIETNAMESE ☐ OTHER PACIFIC ISLANDER (SPECIFY) ☐ NATIVE HAWAIIAN ☐ GUAMANIAN OR CHAMORRO ☐ JAPANESE ☐ UNKNOWN ☐ OTHER ASIAN (SPECIFY) ☐ OTHER (SPECIFY)											
14. DECEDENT OF HISPANIC ORIGIN? ☒ NON-HISPANIC ☐ CENTRAL OR SOUTH AMERICAN ☐ CUBAN ☐ MEXICAN ☐ PUERTO RICAN ☐ OTHER (SPECIFY) ☐ UNKNOWN											
15. EDUCATION (HIGHEST GRADE COMPLETED) ☐ ASSOCIATE DEGREE ☐ BACHELOR'S DEGREE ☒ ELEMENTARY/SECONDARY (0-12) 11 ☐ HIGH SCHOOL DIPLOMA ☐ GED ☐ YEARS OF COLLEGE ☐ MASTER'S DEGREE ☐ DOCTORATE/PROFESSIONAL DEGREE ☐ UNKNOWN											
16. CITIZEN OF WHAT COUNTRY UNITED STATES OF AMERICA				17. USUAL OR LAST OCCUPATION INSURANCE SALES				18. KIND OF BUSINESS OR INDUSTRY HOME BENEFICIAL LIFE INSURANCE			
19. MARITAL STATUS ☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED ☐ UNKNOWN				20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) RUTH ANN BOWERS							
21. FULL NAME OF DECEDENT'S FATHER OR PARENT II (first, middle, last, suffix, maiden name, if any) ROY BOWERS				21a. GENDER MALE		22. FULL NAME OF DECEDENT'S MOTHER OR PARENT I (first, middle, last, suffix, maiden name, if any) VIRGINIA BIBLE				22a. GENDER FEMALE	
23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION SPOUSE				24. FULL NAME OF INFORMANT OR NAME OF SOURCE RUTH ANN BOWERS							
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) MARY WASHINGTON HOSPITAL								25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL DOA ☐ OUT PAT. EMER RM ☐ INPATIENT ☒			
26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ HOSPICE FACILITY ☐ NURSING HOME ☐ LONG TERM CARE FACILITY ☐ DECEDENT'S HOME ☐ CORRECTIONAL FACILITY ☐ OTHER (SPECIFY)											
27. CITY OR TOWN OF DEATH FREDERICKSBURG				28. STREET ADDRESS OR RT. NO OF PLACE OF DEATH 1001 SAM PERRY BLVD.				28a. ZIP CODE 22401		28b. COUNTY OF DEATH (if independent city, leave blank)	
29. METHOD OF DISPOSITION ☐ BURIAL ☐ ENTOMBMENT / MAUSOLEUM ☒ CREMATION / INCINERATION ☐ CREMATION WITH BURIAL ☐ CREMATION WITH ENTOMBMENT / MAUSOLEUM ☐ BURIAL AT SEA ☐ DONATION ☐ OTHER (SPECIFY) ☐ REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)											
30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY COVENANT FUNERAL SERVICE CREMATORY											
31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY 4801 JEFFERSON DAVIS HIGHWAY				31a. CITY / COUNTY FREDERICKSBURG		31b. STATE VIRGINIA		31c. ZIP CODE 22408		31d. COUNTRY	
32. SIGNATURE OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE) /S/ JOHN A REED II				32a. LICENSEE'S NO. 0502901535		32b. NAME OF FUNERAL HOME OR FACILITY COVENANT FUNERAL SERVICE					
33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN JOHN A REED II				33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code) 4801 JEFF DAVIS HIGHWAY FREDERICKSBURG VIRGINIA 22408							
34. TIME OF DEATH: To the best of my knowledge, death occurred at 11:45 ☒ A.M. ☐ P.M. ☒ ACTUAL ☐ APPROXIMATE ☐ PRESUMED ☐ FOUND											
35. 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. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) METASTATIC MALIGNANCY WITH UNKNOWN PRIMARY Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) (C) (D) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.											
36. WAS THE MEDICAL EXAMINER CONTACTED? ☐ YES ☒ NO		36a. AUTOPSY? ☐ YES ☒ NO		36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ YES ☐ NO		37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ YES ☐ NO ☐ POSSIBLY ☒ UNKNOWN					
38. IF FEMALE: ☐ PREGNANT AT TIME OF DEATH ☐ UNKNOWN IF PREGNANT WITHIN THE PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH ☐ NOT PREGNANT WITHIN PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH ☐ NOT APPLICABLE (if decedent's age is 0-5 or 75 years)											
39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? ☐ PRIMARY ☐ CONTRIBUTING				40. WAS THIS A MILITARY DEATH? ☐ YES ☒ NO		40a. IF MILITARY DEATH, SELECT MANNER OF DEATH NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐					
ITEMS 41 TO 47 IN THIS SECTION SHOULD ONLY BE COMPLETED FOR MILITARY DEATHS											
41. DATE OF INJURY		42. TIME OF INJURY ☐ A.M. ☐ P.M.		43. INJURY AT WORK? ☐ YES ☐ NO ☐ UNKNOWN		44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.)					
45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)				45a. CITY / COUNTY		45b. STATE		45c. ZIP CODE		45d. COUNTRY	
46. IF TRANSPORTATION INJURY, SPECIFY ☐ DRIVER/OPERATOR ☐ PASSENGER ☐ PEDESTRIAN ☐ OTHER (SPECIFY)											
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED											
48. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH /S/ SAUSHEEN TAYLOR				48a. TITLE ☒ MEDICAL DOCTOR ☐ PHYSICIAN ASSISTANT ☐ DOCTOR OF OSTEOPATHY (D.O.) ☐ NURSE PRACTITIONER ☐ OTHER				48b. DATE SIGNED: OCTOBER 29, 2020			
49. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH SAUSHEEN TAYLOR				49a. ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH 1001 SAM PERRY BLVD. FREDERICKSBURG VIRGINIA 22401				49b. MEDICAL LICENSE NO. 0101262398			
50. ARE YOU A DESIGNEE? ☐ YES ☒ NO		51. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ABSENT PHYSICIAN				51a. ADDRESS OF AUTHORIZING PHYSICIAN					

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DATE ISSUED

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

VS 15C

Janet M. Rainey
Janet M. Rainey, State Registrar

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