

80258

COMMONWEALTH OF VIRGINIA

Vol. 80 Page 2259

**CERTIFIED COPY OF DEATH RECORD
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 228	CERTIFICATE NUMBER 646	MEDICAL EXAMINER'S CERTIFICATE		STATE FILE NUMBER
DECEDENT	1. FULL NAME OF DECEASED (first) (middle) (last) JAY LAURIE TOOMOTH			2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>		
	3. DATE OF DEATH (mo.) (day) (year) 9-14-77			4. AGE OF DECEASED 24 years		
PLACE OF DEATH	6. NAME OF HOSPITAL OR INSTITUTION OF DEATH Bayside Hospital			7. COUNTY OF DEATH (if independent city, leave blank)		
	8. CITY OR TOWN OF DEATH Virginia Beach			9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 800 Independence Blvd.		
USUAL RESIDENCE OF DECEASED	10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia			11. COUNTY OF DECEASED'S (if independent city, leave blank) RESIDENCE		
	12. CITY OR TOWN OF RESIDENCE Virginia Beach			13. STREET ADDRESS OR RT. NO. OF RESIDENCE 212 Loch Nest Court		
PERSONAL DATA OF DECEDENT	14. NAME OF FATHER OF DECEASED Earl E. Briers			15. MAIDEN NAME OF MOTHER OF DECEASED Joyce Bocardi		
	16. DECEASED CHILD OF WHAT COUNTRY USA			18. IF MARRIED OR WIDOWED, NAME OF SPOUSE, IF DIVORCED, LEAVE BLANK. Frederic M. Toomoth		
DATA OF DECEDENT	19. SOCIAL SECURITY NUMBER 548-92-0148			21. BIRTHPLACE (state or country) OF DECEASED Richmond, Va.		
	23. USUAL OR LAST OCCUPATION Housewife			25. INFORMANT OR SOURCE OF INFORMATION Mrs. Joyce B. Briers		
TO MEDICAL EXAMINER:	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Overdose - Elavil® DUE TO (B) _____ 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: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
	25b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input checked="" type="checkbox"/>				26c. EXTERNAL CAUSE OF DEATH WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>	
MEDICAL CERTIFICATION	25c. TIME OF INJURY (mm) (day) (year) Link Ann 9-13-77				26d. PLACE OF INJURY (home, farm, (26h) or town) (city or county) (state) Home Va. Beach Va	
	25d. 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 3:30 (AM) from: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/> ACTUAL SIGNATURE M. J. [Signature] M.D. MEDICAL EXAMINER FOR 1/2 Beach, Va. (date signed) 9-28-77					
FUNERAL DIRECTOR	27. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				28. PLACE OF BURIAL, REMOVAL, ETC. Rosewood Memorial Park, Virginia Beach, Va.	
	29. (signature of funeral director or person acting as such) V. Van Vleet				NAME OF FUNERAL HOME AND ADDRESS Hollomon-Brown Funeral Home Bayside Chapel, Inc., Va. Beach, Va.	
REGISTRAR	30. (signature of registrar) Edna L. Lamorelle				DATE RECORD FILED: 10-3-77	

This is to certify that this is a true and correct reproduction of the original record filed with the Virginia Beach Department of Health, Virginia Beach, Virginia.

Date Issued: 10-3-77

Edna L. Lamorelle
Deputy Registrar

SEAL

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DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE VIRGINIA BEACH

DEPARTMENT OF HEALTH CLEARLY AFFIXED.

Section 32-353.27, Code of Virginia, as Amended.

STATE OF OREGON; COUNTY OF KLAMATH; ss. :

I hereby certify that the within instrument was received and filed for record on the 5th day of February A.D., 19 80 at 2:03 o'clock P M., and duly recorded in Vol. M30, of Deeds on Page 2259.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernardo J. Petoich Deputy

Return
Fred Toomoth
278 E. Oregon Ave #35
Creswell, Or. 97126