| L. NAME OF DECEASED First | FILE DATE | <u> </u> | | er e de la companya | | | File Bo 100 | 002 | 233 7 |
|--|---|--|---|--|--|--|--|---|---|
| 3. SEX | I. NAME UP | , | | | | OF | Month D | | |
| MAIL CAUGARIAN Without June 10-22-34 B. PLACE OF DEATH IN Washington, D.C. MAME OF HOSPIPAL Washington, D.C. MAME OF HOSPIPAL Washington, D.C. WASHINGTON HOSPITAL CENTER WASHINGTON HOSPITAL CENTER IDA. USUAL OCCUPATION (Give kind of work done during most of working life, even if viting) Staff Engineer IDA. USUAL OCCUPATION (Give kind of work done during most of working life, even if viting) Staff Engineer IDA. WINDOFF BUSINESS OR IDA. WINDOFF B | 3. SEX | | 5. Nev | ver Married, Married. | | DEATH | | | |
| 8. PLACE OF DEATH IN Washington, D.C. NAME OF HOSPITAL, URSING HOME OR OTHER INSTITUTION (If not in buildulien, give sirest address) WASHINGTON HOSPITAL CENTER (a. STREET ADDRESS (If rand, give location) L. STREET ADDRESS (If rand, give location) 100. LISUAL OCCUPATION (One kind of work done during mort of working life, even y relievely Staff Engineer 122. Origin or descent English 123. Origin or descent English 124. Hispanic Institution Institution Institution 125. Origin or descent English 126. Hispanic PART I. DEATH WAS CALLSE ON: Jane English 127. Hispanic Jane Ann White Dunn 13. Ever in U.S. 14. NAME OF SURVING SPOUSE Staff Englineer 15. Course of What Country? Wife Janet Dunn, 206 Willis Dr., California, MA. 2061 16. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), and (c). JEACH WAS CALLSE ON: JEAC | Male | Caucasian | Wido: | wed, Divorced: Specify | 1 . | i | 7. AGE (un yeurs last highday) | | |
| STATE MATY Service actives State | 8. PLACE O | OF DEATH IN Wash | hington, D.C. | | 9. USUA | AL RESIDENCE | (Where | e deceased liv | ved. If institution |
| WASHINGTON HOSPITAL CENTER C.CHY California | (If not | in institution, give si | G HUME UN U. trest address) | THER INSTITUTION | a. STATE | Marylane | b. COI | UNTY St. | Mary's |
| A. STREET ADDRESS (U rural, give location) | | | | | c. CITY | Californ | | | INSIDE CITY L |
| 10a. USUAL OCCUPATION (Clive kind of work) 10b. KIND OF BUSINESS OR 11b. BIRTHPLACE Clate of porting nountry 12c. CHIZEN OF WHAT COUNTRY 12c. Chigner descent 12c. Hispanic 12c. Chizen of working life, even if relived 12b. MOTHER'S MAIDEN NAME 12b. Origin or descent 12c. Hispanic | Washin | GTON HOSPI | TAL CENTF | 3R | d. STREE | | | | |
| SSAL GCC/PATION (Give kind of works) Staff Engineer 122. CHIZEN OF WHAT COUNTRY USA 123. CHIZEN OF WHAT COUNTRY USA 124. CHIZEN OF WHAT COUNTRY USA 125. Origin or descent English 125. Origin or descent English 126. Hispanic Sanford Carroll Dunn 136. MOTHER'S MAIDEN NAME Sonford Carroll Dunn 136. MOTHER'S MAIDEN NAME Voncile Flowers Dunn 137. INFORMANT RELATIONSHIP TO DECEASED 176. ADDRESS STEE Gly O'YES DUN O'YES | | · · · · <u>— • · · · ·</u> | | | l l | | | y ranny a | locutions |
| Staff Engineer 12a. CITIZEN OF WHAT COUNTRY? 12b. Origin or descent 12c. Hispanic 12c | 10a. USUAL done during me | OCCUPATION (Gives of working life, e | ve kind of work | 106. KIND OF INDUSTR | BUSINESS OR | II. BIRTHPI | LACE | | |
| 122. CHISPANCE 123. Hispanic 124. Hispanic 125. Hispanic 126. Street 127. Hispanic 126. Part 127. Hispanic 128. Part 128. NAME 138. MOTHER'S MADE 139. MOTHER'S MADE 144. NAME OF SURVIVING SPOUSE 138. FATHER'S NAME 145. NAME 145. NAME OF SURVIVING SPOUSE 138. CALL SECURITY NO. 178. INFORMANT RELATIONSHIP TO DECEASED 176. ADDRESS Street City 176. ADDRESS | | | na y v | 1 | | 1 | - • • • • • • • • • • • • • • • • • • • | | |
| ISA. FATHER'S NAME Sanford Carroll Dunn 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 15c. Ever in U.S. 14c. NAME 27c. NA | | OF WHAT COUNT | RY? | | 12b. Origin or de | escent | | | 12c. Hispanic |
| 13b. MOTHER'S MAIDEN NAME 13c. MOTHER'S MAIDEN NAME 14c. NAME OF SURVIVING SPOUSE 13c. Sanish from the course of the foreign of the f | | | | | 1 - | ish | | | ☐ YES |
| 18. Ever in U.S. 16. SOCIAL SECURITY NO. 17a. INFORMANT RELATIONSHIP TO DECEASED 17b. ADDRESS Street Gity Wife - Janet Dunn, 206 Willis Dr., California, Md. 2061 18. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), and (c).) Interval Between PART I. DEATH WAS CAUSED BY: PART II. DEATH WAS CAUSED BY: PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part I (a) DUE TO (b) PURDONARY INSUFFICIENCY 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part I (a) 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D PART III. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part I (a) 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D PART III. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part I (a) 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Determining the Cause of D 19a. AUTOPSY! 19b. If Yes, Were Findings Co in Deter | | | 11 1111 | | | - | | | NG SPOUSE |
| Wife — Janet Dunn, 206 Willis Dr., California, Md. 2061 Restauration Part Death Was Caused By Carcinoma of lung Conditions, if only which gove rise to show cause (a), stating the underlying the underlying the underlying the underlying cause (a), stating the underlying th | 15. Ever in U.S | S. 16. SOCIAL SI | ECURITY NO. | 17a. INFORMANT R | ELATIONSHIP TO | O DECEASED | 17b, ADDRE | SS Street | t City |
| Interval Between PART I. DEATH WAS CAUSED BY Interval Between Constitution of part I. DEATH WAS CAUSED BY Interval Between Constitution of part I. DEATH WAS CAUSED BY Interval Between Constitution of part I (a) DUE TO (b) Pulmonary insufficiency DUE TO (c) | Ø YES □ N | NO 422-42- | 2323 | Wife - Jane | t Dunn, 20 |)6 Willis | Dr., Cali | .fornia | .Md. 2061 |
| IMMEDIATE CAUSE (a) Carcinoma of lung Conditions, if any, which gove rise to above cause (a), stating the under bing cause last. DUE TO (b) Pulmonary insufficiency DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part I (a) IF OPERATION WAS PERFORMED COMPLETE ITEMS 20a and 20b C | 18. CAUSE | E OF DEATH: (Ente | r only one cause | per line for (a), (b), and | d (c).) | | ———— | | Interval Between |
| which gew arise to above 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) IF OPERATION WAS PERFORMED 20a. DATE OF OPERATION WAS PERFORMED 21a. Specify if accident, suicide, homicide, 21b. HOUR AND DATE OF INJURY: Month, Day, Year of Injury in Part I or Part of The Part I or Part I or Injury in Part I or Part I | | IMMEDIATI | E CAUSE (a) | Carcinoma (| of lung | | | | Onset and Deat |
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| DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part 1 (a) IF OPERATION WAS PERFORMED 20a. DATE OF OPERATION 20b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. Specify if accident, suicide, homicide, 21b. HOUR AND DATE OF INJURY: Month, Day, Year 21a. Specify if accident, suicide, homicide, 21b. HOUR AND DATE OF INJURY: Month, Day, Year 21d. INJURY AT WORK: 21c. PLACE OF INJURY: (At Home, Farm, Factor, Street or Office Building, Etc.) 21a. Indicate the deceased alive of ADXII 10 19 87 that death occurred from the causes and on the date and hour stated above. 22a. SIGNATURE 22a. SIGNATURE 22b. DATE SIGNED ADTII 10 19 87 that death occurred from the causes and on the date and hour stated above. 22c. PHYSICIAN'S ADJURT QAZI, M.D. 22d. ADDRESS 1706 New Hampshire Ave, NW, REMOVAL 14/4/87 Md. Veterans Cemetery Cheltenham, PC, Maryland 24. FUNERAL HOME Brinsfield Funeral Home ADDRESS 59 N. Wash. St, Leonardtown, Md. 20650 ADDRESS 59 N. Wash. St, Leonardtown, Md. 20650 ADDRESS 59 N. Wash. St, Leonardtown, Md. 20650 ATTENDING MEDICAL STAFF SIGNATURE 25b. UNDERTAKER'S REGISTRATION CHECKERS SERVING STAFF SIGNATURE 25c. PHYSICIAN'S NEW COLUMN COLU | cause (a), s | ve rise to above (stating the under- | DUE TO (b) | Pulmonary i | insufficie | псу | | | |
| Country State St | lying cause | e last. | DUE TO (c) | | | | | : | |
| Country State St | PART | II. OTHER SIGNIF | ICANT CONDIT | TIONS: contributing to | death but not | 1 . | | 9b. If Yes, V | Vere Findings Co |
| Country State State State State State State State State State | S TE OPERA | | | | | | YES KO NO im | Determining | g the Cause of De |
| Country State St | COMPLET | TION WAS PERFORMED TE ITEMS 20a and 20 | RMED 0b | Da. DATE OF OPEKA | | ONDITION FO WAS PERFORM | R WHICH OPERA | TION | |
| Country State St | 21a. Specify | y if accident, suicide, | , homicide, 21b. | HOUR AND DATE OF | 1 | | | E HUM INI | " IPV OCCURRE |
| 22. I certify that (I) (this beautint) attended the deceased from March 17 19 87 to April 10 19 87 that (saw the deceased alive April 10 19 87 and that death occurred from the causes and on the date and hour stated above. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Anjust Qazi, M.D. 22d. ADDRESS 1706 New Hampshire Ave, NW, 1706 New | or mar | inter undetermined | | M | | | | | |
| 22. I certify that (I) (this benefital) attended the deceased fromMarch 17 | O 21d. INJU | 1 | 21c. PLACE OF | INJURY: (At Home, F | Farm, | 21f. LOCATIO | N CITY | COUN | NTY ST |
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| 22c. PHYSICIAN'S NAME (Type) Anjum Qazi, M.D. 22d. ADDRESS 1706 New Hampshire Ave, NW, 23d. BURIAL CREMATION 23d. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) CREMOVAL 4/14/87 Md. Veterans Cemetery Cheltenham, PG, Maryland 24. FUNERAL HOME Brinsfield Funeral Home 23d. DODERN KURT SIGNATURE 25b. UNDERTAKER'S REGISTRATION REGISTRATION NUMBER 3/10/10/10/10/10/10/10/10/10/10/10/10/10/ | saw the | | | | | | | | |
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| DATE ISSUED NOT VALID WITHOUT RAISED SEAL SET IS ILLEGAL TO MAKE CODIES OF THE PARTY OF HEAVEN SERVICES. | 22a. SIGNA 22c. PHYSI NAME 23a. BURIAL CREMATI REMOVAI 24. FUNERAL ADDRESS. REMARKS IFY THAT VITH THE DATE ISSU 15. IT IS I | ICIAN'S E (Type) Anjus ION 25b. DA IL 4/14 HOME Brinsf 59 N.Wash.S THE ABOVE I VITAL RECOR | Qazi, Marie 23c. 1 4/87 Md field Fund St, Leonard St A TRUE | AND CORRECT | PHYS. Y OR CREMATOR emetery 50 REPRODUCT: OF COLUMBIA | ION OF THA DEPART | Of New Ham ATION (City, town enham, /PG, GNATURE) E ORIGINAL MENT OF HI | Maryla Stb. UNDE REGIS NUMB CERTII | end ERTAKER'S STRATION BER |
| DATE ISSUED NOT VALID WITHOUT RAISED SEAL SET IS ILLEGAL TO MAKE CODIES OF THE PARTY OF HEAVEN SERVICES. | 222. SIGNA 222. PHYSI NAME 232. BURIAL CREMATI REMOVAL 24. FUNERAL ADDRESS REMARKS IFY THAT VITH THE TIL 17,19 DATE ISSU IT IS I CERTIFI | THE ABOVE I VITAL RECORD | Qazi, Marie 23c. 1 4/87 Md Field Fund St, Leonard St, Leonard MAKE COPI R COPY OF | AND CORRECT H, DISTRICT O | PHYS. Y OR CREMATOR emetery 50 REPRODUCT: OF COLUMBIA | ION OF THA DEPART | Of New Ham ATION (City, town enham, /PG, GNATURE) E ORIGINAL MENT OF HI | Maryla Stb. UNDE REGIS NUMB CERTII | end ERTAKER'S STRATION BER |
| DATE ISSUED NOT VALID WITHOUT RAISED SEAL S: IT IS ILLEGAL TO MAKE COPIES OF THIS DOCUMENT AND PRESENT THEM AS AN ORIGINAL, CERTIFIED COPY, OR COPY OF A VITAL RECORD. | 222. SIGNA 222. PHYSI NAME 232. BURIAL CREMATI REMOVAL 24. FUNERAL ADDRESS REMARKS IFY THAT VITH THE VITH THE CERTIFI OF OREGO | THE ABOVE I VITAL RECORD | Qazi, Monte 23c. 1 4/87 Md Field Fund St, Leonard St, Leonard MAKE COPI R COPY OF | AND CORRECT H, DISTRICT OF A VITAL RECO | PHYS. Y OR CREMATOR emetery 50 REPRODUCT: OF COLUMBIA NOT VALID OCUMENT AN ORD. | ION OF THA DEPART | Of New Ham ATION (City, town enham, /PG, GNATURE) E ORIGINAL MENT OF HI | Maryla Maryla Sb. UNDE REGIS NUMB CERTII MAN SEI | end ERTAKER'S STRATION BER |