

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—DIVISION OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A

FOR BUREAU OF
VITAL RECORDS

REGISTRATION AREA NUMBER	CERTIFICATE NUMBER	MEDICAL EXAMINER'S CERTIFICATE			STATE FILE NUMBER	
129	1026					
DECEDENT	1. FULL NAME OF DECEASED Hugh Everett III			2. SEX male female	3. RACE <input checked="" type="checkbox"/> White	
	4. DATE OF DEATH July 19, 1982	5. AGE 51 years	IF UNDER 1 YEAR months days	IF UNDER 1 DAY hours minutes	6. DATE OF BIRTH Nov. 11, 1930	7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
PLACE OF DEATH	8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) None			9. COUNTY OF DEATH Fairfax	(if independent city, leave blank)	
	10. CITY OR TOWN OF DEATH McLean			11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 8114 Touchstone Terrace		
USUAL RESIDENCE OF DECEDENT	12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia			13. COUNTY OF DECEASED'S RESIDENCE Fairfax	(if independent city, leave blank)	
	14. CITY OR TOWN OF RESIDENCE McLean			15. STREET ADDRESS OR RT. NO. OF RESIDENCE 8114 Touchstone Terrace	ZIP CODE 22102	
PERSONAL DATA OF DECEDENT	16. NAME OF FATHER OF DECEASED Hugh Everett Jr.			17. MAIDEN NAME OF MOTHER OF DECEASED Katharine Kennedy		
	18. CITIZEN OF WHAT COUNTRY U. S. A.	19. BIRTHPLACE (state or country) Washington, D.C.	20. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> Nancy G. Everett	21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)		
	22. SOCIAL SECURITY NUMBER 225-46-2933	23. USUAL OR LAST OCCUPATION Self Employed	24. KIND OF BUSINESS OR INDUSTRY Soft Ware-Computers	25. INFORMANT OR SOURCE OF INFORMATION Nancy G. Everett		
TO MEDICAL EXAMINER: Complete and sign medical certification (item 26) and give all 3 copies to funeral director as soon as possible. NOTE: If "Pending" must be indicated, notify registrar of final decision as soon as possible.	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Right coronary artery thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
	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: ME <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
	26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input checked="" type="checkbox"/>		26c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH	26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED		
	26e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____		26f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	26h. (city or town) _____	(county) _____ (state) _____
	26i. 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 2:00 (PM) from: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>					
	DATE SIGNED: 23 July 1982					
ACTUAL SIGNATURE ► <i>Claude E. Cooper, M.D.</i>		NAME OF MEDICAL EXAMINER (Type or Print) CLAUDE E. COOPER, M. D. ADDRESS OF MEDICAL EXAMINER ANNANDALE, VA. 22003				
FUNERAL DIRECTOR	27. BURIAL REMOVAL CREMATION <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. Metropolitan Crematory, Alexandria, Virginia	(name of cemetery or crematory) (city or county) (state)			
REGISTRAR	29. (Signature of funeral director or person legally filing this certificate) <i>Chew Davis</i> (Chew Davis)	NAME OF FUNERAL HOME AND ADDRESS: Mohey & King Vienna Funl. Home, Inc. 171 W. Maple Ave., Vienna, Va. 22180				
	30. (signature of registrar) <i>Susan J. Atter</i>	DATE RECORD FILED: 7-23-82				

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

Date Issued **7-28-82**

Maurice John
REGISTRAR OR DEPUTY

{Seal}

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SECTION 32.1 - 272, CODE OF VIRGINIA, AS AMENDED

573-0290

Autopsy No. NV-470-82
 Date 7-21-82
 Time 7:45 a.m.

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH

OFFICE OF THE CHIEF MEDICAL EXAMINER

NORTHERN VA. DISTRICT

THE FAIRFAX HOSPITAL

3300 GALLONS RD.

FALLS CHURCH, VIRGINIA 22046

REPORT OF AUTOPSY

RECEIVED

JUL 30 1982

OFFICE OF THE CHIEF
 MEDICAL EXAMINER
 NO. VA. DISTRICT

DECEDENT HUGH

First

Middle

EVERETT, III

Last

Autopsy Authorized by: Dr. C. Cooper - Fairfax County

Persons Present at Autopsy:

Body Identified by: Fairfax County PD tag 7/20/82

Dr. J. Beyer

Rigor:	complete	X	jaw	neck	arms	legs
Liver:	color	reddish	distribution: posterior			
Age:	51	Race: W	Sex: M	Length: 71"	Weight: 190	Eyes: Blue Pupils: R.R.E. L.
Hair:	brown	Mustache: yes	Beard: yes	Circumcised: yes	Body Heat: cool	

Clothing, Personal Effects; External wounds, scars, tattoos, other Identifying features: See attached sheet.

PATHOLOGICAL DIAGNOSIS:

CARDIOVASCULAR SYSTEM: Heart, cardiac hypertrophy 585 gm.; right ventricle 3 mm.; left 19 mm. No valvular or congenital abnormalities. Interatrial septum, lipomatous hypertrophy. Right coronary artery, predominant vessel; midsegment plaque with rupture and thrombotic occlusion. Circumflex artery, no significant sclerosis. Left A.D. artery, concentric thickening with up to 50% luminal narrowing. Myocardium, congestion; left ventricle, microscopic foci of subendocardial scarring; no acute change. Aorta, moderate arteriosclerosis.

RESPIRATORY SYSTEM: Larynx, trachea, and bronchi, no evidence of trauma or obstruction. Lungs, pulmonary congestion and edema.

LIVER: Hepatomegaly 2,395 gm.; no evidence of trauma; moderate fatty metamorphosis.

SPLEEN: No evidence of trauma.

PANCREAS, ADRENAL, AND THYROID GLANDS: No significant alteration.

G.I. TRACT: No evidence of trauma or inflammation.

GENITOURINARY TRACT: Kidneys, multiple cortical adenomas; no evidence of trauma or inflammation. Prostate, nodular hyperplasia; chronic prostatitis.

SCALP: No evidence of trauma.

CENTRAL NERVOUS SYSTEM: Not examined.

SKELETAL SYSTEM: No evidence of trauma.

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 CONTENTS NOT TO BE DUPLICATED

Cause of Death:

SEVERE CORONARY ARTERY SCLEROSIS; OCCLUSION RIGHT CORONARY ARTERY. CC: CARDIAC HYPERTROPHY.

Provisional Report _____

Final Report

The facts stated herein are true and correct to the best of my knowledge and belief.

7-21-82

Date Signed

Fairfax Hospital
 Place of Autopsy

J.C. Beyer
 Signature of Pathologist
 James C. Beyer, M.D.

A COPY TESTED:

SEP 9 1982

See J. C. Beyer
 Assistant Chief Medical Examiner

GROSS DESCRIPTION

PLEURA,
PERITONEUM, &
PERICARDIUM:

Intact, smooth, and glistening.

HEART:

585 gm. No valvular or congenital abnormalities. Interatrial septum 10 mm. Right coronary artery, predominant vessel; in the midsegment there is evidence of plaque with hemorrhage and possible luminal occlusion. Circumflex artery, moderate caliber but no significant sclerosis. Left A.D. artery, concentric thickening with up to 50% narrowing. Right ventricle 3 mm.; left 19 mm. Congestion of the myocardium; concentric left ventricular hypertrophy with no evidence of fibrosis, inflammation, or infarction. Aorta, moderate arteriosclerosis.

LUNGS:

Right 1,115 gm., left 875 gm. Larynx, trachea, and bronchi, intact and free of trauma or obstruction. The lungs are wet, heavy, and on section a considerable amount of bloody frothy fluid is released. No evidence of inflammation or pulmonary artery emboli.

LIVER:

2,395 gm. Capsule intact and smooth and the free edges are round. On section there is no evidence of trauma, fibrosis, or nodularity.

SPLEEN:

295 gm. Capsule intact, parenchyma congested.

PANCREAS,
ADRENAL, AND
THYROID GLANDS:

No significant alteration.

G.I. TRACT:

No evidence of trauma or inflammation.

KIDNEYS:

265 gm. each. Capsules strip with ease to reveal an intact, smooth, congested surface and on section there are multiple bilateral grayish-white nodules within the cortices.

PROSTATE:

Nodular hyperplasia.

SCALP:

No evidence of trauma.

CENTRAL NERVOUS
SYSTEM:

Not examined.

SKELETAL SYSTEM:

No evidence of trauma.

MICROSCOPIC:

Sections of the right coronary artery reveals a ruptured plaque with thrombus occluding lumen. Random sections of the left ventricle reveals microscopic foci of subendocardial scarring but no acute change. Sections of liver reveals moderate change within the liver cells. The nodules within the kidneys are typical renal adenomas and in the prostate there is extensive chronic inflammation.

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OTHER LABORATORY PROCEDURES:	TOXICOLOGY <input checked="" type="checkbox"/>	BACTERIOLOGY <input type="checkbox"/>	DENTAL CHART <input type="checkbox"/>	X-RAY <input type="checkbox"/>	FINGER PRINT <input type="checkbox"/>
	PHOTOGRAPHY <input type="checkbox"/>	SEROLOGY <input type="checkbox"/>	FORENSIC SCIENCE <input type="checkbox"/>		



Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
BUREAU OF FORENSIC SCIENCE

CERTIFICATE OF ANALYSIS

7/29/82

TO: Dr. James C. Beyer
Medical Examiner
3300 Gallows Rd.
Falls Church, Va. 22046

cc: Dr. Cooper

Northern Laboratory
2714 Dorr Avenue
P. O. Box 486
Merrifield, Virginia 22116
Tel. No. (703) 573-8636

Your Case #

FS Lab # 82N-051

Victim(s) EVERETT, Hugh III

Examiner: Marina Stajic, Ph.D.

Suspect(s):

Date Received 7/21/82

Evidence Submitted By: Dr. Beyer

One sealed vial blood for alcohol, one container blood for drug screen, one sealed vial vitreous humor for alcohol, one container liver for submission.

RESULTS OF EXAMINATION:

BLOOD (SEALED VIAL): Ethanol, 0.09% weight/volume.

BLOOD: Salicylates, barbiturates, hydantoins, carbamates, glutarimides, antihistamines, benzodiazepines, tricyclic antidepressants, synthetic narcotics and analgesics - NONE DETECTED.

URINE: Ethanol, 0.07% weight/volume; acetone, 140 mg/L; salicylates, phenothiazines, ethchlorvynol - NONE DETECTED.

VITREOUS HUMOR (SEALED VIAL): Ethanol, 0.08% weight/volume.

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Marina Stajic
TOXICOLOGIST

MS:jmp

SEP 14 1982

IN FUTURE CORRESPONDENCE REFERENCE THIS MATTER PLEASE RE-COPY THIS LAB # ABOVE

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J.C. Beyer
Assistant Chief Medical Examiner