

CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MARYLAND

Maryland Department of Health

Division of Vital Records

Certificate of Death

File Number *32021MD039887*

320210398910000

1. Decedent's Name, AKA Name (if any) IRVIN FOSTER IRVIN PERRY FOSTER		2. Date of Death 09/05/2021		3. Time of Death 1045	
4a. Facility Name ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER			4b. City, Town or Location of Death SILVER SPRING		4c. County of Death MONTGOMERY
5. Social Security Number 291406365	6. Sex M	7. Age 75 YR	8. Date of Birth 04/12/1946	9. Birthplace OHIO	
Usual Residence of Decedent 10a. State MARYLAND		10b. County MONTGOMERY		10c. City, Town or Location TAKOMA PARK	
10e. Address 7051 CARROLL AVE 313					10d. Inside City Limits? YES
11. Marital Status DIVORCED (AND NOT REMARRIED)		12. Ever in U.S. Armed Forces? YES		13. Hispanic Origin? NO	
15. Decedent's Education DOCTORATE OR PROFESSIONAL			16a. Decedent's Usual Occupation ARBITRATION TRAINER		16b. Business/Industry LAW
17. Father's Name HERCULES FOSTER			18. Mother's Name Prior to First Marriage THELMA MOORE		
19. Surviving Spouse's Name					
20a. Informant's Name HASHIM JABAR		20b. Informant's Relationship SON	20c. Informant's Mailing Address 118 FARMCREST COURT, SILVER SPRING, MARYLAND 20904		
21a. Method of Disposition CREMATION		21b. Place of Disposition CHESAPEAKE CREMATORY		21c. Date of Disposition 09/17/2021	21d. Location 10771 TUCKER STREET, BELTSVILLE, MARYLAND 20705
22a. Signature of Funeral Service Licensee LILY J BUERKLE		22b. License No M01876	22c. Name and Address of Funeral Facility RAPP FUNERAL AND CREMATION SERVICES, INC. 933 GIST AVENUE, SILVER SPRING, MD 20910		
23a. Part I. Disease, injuries, or complications that directly caused the death SEPSIS					Approximate Interval Between Onset and Death 9 DAYS
Immediate Cause (final disease or condition resulting in death) a. Due to (or as a consequence of): FOOT GANGRENE					9 DAYS
Conditions, if any, leading to immediate cause b. Due to (or as a consequence of):					
c. Due to (or as a consequence of):					
d. Due to (or as a consequence of):					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause in Part I END STAGE RENAL DISEASE, SYSTOLIC HEART FAILURE, PERIPHERAL VASCULAR DISEASE, CHRONIC ENCEPHALOPATHY, ACUTE CHOLECYSTITIS, PNEUMONIA, HOSPICE					23b. Did tobacco use contribute to the cause of death? NO
24a. Was an autopsy performed? NO	24b. Were autopsy findings available prior to completion of cause of death? NO	25a. Was case referred to medical examiner? NO	25b. Medical Examiner Countersignature		
26. Place of Death INPATIENT		27. Manner of Death NATURAL		28a. Date of Injury	28b. Time of Injury
28c. How injury occurred			28d. Injury at work?	28e. Transportation Injury?	28f. Place of injury
28g. Location of Injury					
29a. Certifier Type CERTIFYING PHYSICIAN		29b. Signature and Title of Certifier BABAK AMIRSHAHI-SHIRAZI, MD		29c. License No D75571	29d. Date signed 09/05/2021
30a. Name of person who completed cause of death BABAK AMIRSHAHI SHIRAZI			30b. Address of person who completed cause of death 11890 HEALING WAY, SILVER SPRING, MARYLAND 20904		
For Office Use Only: DEMOGRAPHIC amendment 10/22/2021 fields 14;					
31. Date Filed 09/22/2021	32. Registrar at Filing CRYSTAL D. WEAVER		33. Date Issued 10/29/2021	34. This is to certify that this is a true and correct copy of the official record on file in the office of the Maryland Division of Vital Records. Registrar's Signature <i>Crystal D. Weaver</i>	

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DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

