MOTHER'S DEATH CERTIFICATE

DHS 5005 REV (2/21)

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

'ee for this certificate: $20.00

P 29235547
Certification Number

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Local Registrar — Date Issued: 7/10/2024

Type/Print in Permanent Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 368475-2024

1. Decedent's Legal Name (First, Middle, Last, Suffix): Jane T. Herring
2. Sex: Female
3. Social Security Number: [redacted]
4. Date of Death (Month dd, yyyy): July 02, 2024
5a. Age-Last Birthday (Yrs): 99
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth (Mo/Day/Year) (Spell Month): May 16, 1925
7a. Birthplace (City and State or Foreign Country): Philadelphia, Pennsylvania
7b. Birthplace (County): Philadelphia
8a. Residence (State or Foreign Country): Pennsylvania
8b. Residence (County): Chester
8c. Residence (Street and Number - Include Apt No.): 30 Old Schuylkill Road
8d. Residence (Zip Code): 19465
8e. Did Decedent live in a Township? Yes, decedent lived in East Coventry Township (twp.) / No, decedent lived within limits of (city/boro)
9. Ever in US Armed Forces? Yes / No / Unknown
10. Marital Status at Time of Death: Married / Widowed / Divorced / Never Married / Unknown
11. Surviving Spouse's Name (If wife, give name prior to first marriage)
12. Father / Parent's Name (First, Middle, Last, Suffix): Joseph Lybrant Tomlin
13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix): Estella Hunter
14a. Informant's Name: Jill Scott Herring
14b. Relationship to Decedent: Daughter
14c. Informant's Mailing Address (Street and Number, City, State, Zip Code): 4383 Buttercup Circle Collegeville, PA 19426
15a. Place of Death (Check only one): If Death Occurred in a Hospital: Inpatient / Emergency Room/Outpatient / Dead on Arrival. If Death Occurred Somewhere Other Than a Hospital: Nursing Home/Long Term Care Facility / Hospice Facility / Other (Specify) / Decedent's Home
15b. Facility Name (If not institution, give street and number): Manatawny Manor
15c. City or Town, State, and Zip Code: Pottstown, Pennsylvania 19465
15d. County of Death: Chester
16a. Method of Disposition: Removal from State / Burial / Cremation / Donation / Other (Specify)
16b. Date of Disposition: July 09, 2024
16c. Place of Disposition (Name of cemetery, crematory, or other place): Ivy Hill Cemetery
16d. Location of Disposition (City or Town, State, and Zip): Philadelphia, Pennsylvania
17a. Signature of Funeral Service Licensee or Person in Charge of Interment: Ashley R Anders (Electronically Signed)
17b. License Number: FD014623
17c. Name and Complete Address of Funeral Facility: Anders-Detweiler Funeral Home & Crematory, 130 E Broad Street Souderton, Pennsylvania 18964
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death: 8th grade or less / No diploma, 9th - 12th grade / High school graduate or GED completed / Some college credit, but no degree / Associate degree (e.g. AA, AS) / Bachelor's degree (e.g. BA, AB, BS) / Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) / Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino: No, not Spanish/Hispanic/Latino / Yes, Mexican, Mexican American, Chicano / Yes, Puerto Rican / Yes, Cuban / Yes, Other Spanish/Hispanic/Latino (Specify)
20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be: White / Black or African American / American Indian or Alaska Native / Asian Indian / Chinese / Filipino / Japanese / Other (Specify) / Korean / Vietnamese / Other Asian / Native Hawaiian / Guamanian or Chamorro / Samoan / Other Pacific Islander
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be: White / Black or African American / American Indian or Alaska Native / Asian Indian / Chinese / Filipino / Japanese / Korean / Vietnamese / Native Hawaiian / Guamanian or Chamorro / Samoan / Other Asian / Other Pacific Islander / Don't Know/Not Sure / Refused / Other (Specify)
22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED: Homemaker
22b. Kind of Business/Industry: Own Home

ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

23a. Date Pronounced Dead (Mo/Day/Yr): July 02, 2024
23b. Signature of Person Pronouncing Death (Only when applicable): Cheryl Rogers RN
23c. License Number: RN568914
23d. Date Signed (Mo/Day/Yr): July 02, 2024
24. Time of Death: 06:55
25. Was Medical Examiner or Coroner Contacted? Yes / No

CAUSE OF DEATH

26. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Failure to Thrive
Due to (or as a consequence of):
b. End Stage Dementia
Due to (or as a consequence of):
c. Metastatic Carcinoma
Due to (or as a consequence of):
d.
Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27. Was an autopsy performed? Yes / No
28. Were autopsy findings available to complete the cause of death? Yes / No

29. If Female: Not pregnant within past year / Pregnant at time of death / Not pregnant, but pregnant within 42 days of death / Not pregnant, but pregnant 43 days to 1 year before death / Unknown if pregnant within the past year
30. Did Tobacco Use Contribute to Death? Yes / Probably / No / Unknown
31. Manner of Death: Natural / Accident / Suicide / Homicide / Pending Investigation / Could not be determined
32. Date of Injury (Mo/Day/Yr) (Spell Month)
33. Time of Injury
34. Place of Injury (e.g. home; construction site; farm; school)
35. Location of Injury (Street and Number, City, State, Zip Code)
36. Injury at Work: Yes / No
37. If Transportation Injury, Specify: Driver/Operator / Passenger / Pedestrian / Other (Specify)
38. Describe How Injury Occurred:

39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. / Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. / Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier: John Brindel (Signature on File) — Title of certifier: MD — License Number: MD060155L

39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26): John Brindel, 1030 Main Street Lhifield, Pennsylvania 19468
39c. Date Signed (Mo/Day/Yr): July 02, 2024
40. Registrar's District Number: 46-426
41. Registrar's Signature: Annette C Glenser (Signature on File)
42. Registration File Date (Mo/Day/Yr): July 03, 2024
43. Amendments

To be Completed/Verified by FUNERAL DIRECTOR

To be Completed by MEDICAL CERTIFIER

NAME OF DECEDENT: Jane T. Herring

AKAs USED