

**IN THE UNITED STATES COURT OF APPEALS  
FOR VETERANS CLAIMS**

**BURTON R. RIPLEY, and**  
**LEA-ANN BUTLER,**  
individually and on behalf of others  
similarly situated,

**Petitioners,**

v.

**DENIS MCDONOUGH,**  
in his capacity as  
Secretary of Veterans Affairs,

**Respondent.**

Vet. App. No. 21-947

**NOTICE OF PETITIONER LEA-ANN BUTLER'S DEATH CERTIFICATE**

Pursuant to Petitioners' Notice of Death of Petitioner Lea-Ann Butler, filed on January 5, 2023, Ms. Butler's death certificate is attached as Attachment A.

DATED: January 27, 2023

Respectfully submitted,

/s/ Kathryn E. Cahoy

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# **Attachment A**





STATE OF OKLAHOMA  
CERTIFICATE OF DEATH

STATE FILE NUMBER

2022-043699

1 DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) <b>LEA-ANN BUTLER</b>				1a LAST NAME PRIOR TO FIRST MARRIAGE <b>BUTLER</b>		2 SEX <b>FEMALE</b>			
3 SOCIAL SECURITY NUMBER <b>E-Rule 13(b) 8813</b>		4 EVER IN US ARMED FORCES? <b>YES</b>		5a AGE- Last birthday (years) <b>63</b>		5b UNDER 1 YEAR Months: Days: 5c UNDER 1 DAY Hours: Minutes:		6 DATE OF BIRTH (Mo/Day/Yr) <b>E-Rule 13(b) 1959</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>OKLAHOMA CITY, OKLAHOMA</b>				8a RESIDENCE- State <b>OKLAHOMA</b>		8b RESIDENCE-County <b>OKLAHOMA</b>		8c RESIDENCE- City or Town <b>OKLAHOMA CITY</b>	
8d RESIDENCE- Zip Code <b>73106</b>		8e RESIDENCE- Inside City Limits? <b>YES</b>		8f RESIDENCE- Street and Number <b>E-Rule 13(b)</b>				8g RESIDENCE- Apt. Number	
9 MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown				10 SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)					
11a FATHER'S NAME (First, Middle, Last) <b>SHERMAN BUTLER</b>				11b FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE <b>BUTLER</b>		12a MOTHER'S NAME (First, Middle, Last) <b>PAULINE LEE</b>		12b MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE <b>WYATT</b>	
13 DECEDENT OF HISPANIC ORIGIN? <b>NO, NOT SPANISH/HISPANIC/LATINO</b>				14 DECEDENT'S RACE <b>BLACK OR AFRICAN AMERICAN</b>				15 DECEDENT'S EDUCATION <b>BACHELOR'S DEGREE (E.G. BA, AB, BS)</b>	
16 DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) <b>REGISTERED NURSE</b>				17 KIND OF BUSINESS / INDUSTRY <b>MEDICAL INDUSTRY</b>					
18a INFORMANT'S NAME <b>JACKIE BUTLER</b>				18b RELATIONSHIP TO DECEDENT <b>SON</b>		18c MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>1022 NORTHWEST 17TH STREET, OKLAHOMA CITY, OKLAHOMA 73106</b>			
19 METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)				20 PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>ALPHA AND OMEGA MORTUARY SERVICES AND CREMATORY</b>		21 LOCATION - City, Town and State <b>OKLAHOMA CITY, OKLAHOMA</b>			
22 NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>TEMPLE AND SONS FUNERAL DIRECTORS, INC. - OKLAHOMA CITY, 2801 N. KELLEY AVE., OKLAHOMA CITY, OKLAHOMA 73111</b>						23 FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH <b>MARK P TEMPLE</b>			
						24 FH ESTABLISHMENT LICENSE # 1212ES			

25 PLACE OF DEATH (Check only one: see instructions)												
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival						IF DEATH OCCURRED OTHER THAN IN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify)						
26 FACILITY NAME (If not institution, give street & number) <b>ST ANTHONY HOSPITAL</b>						27 CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH <b>OKLAHOMA CITY, OKLAHOMA, 73102</b>				28 COUNTY OF DEATH <b>OKLAHOMA</b>		
29 DATE OF DEATH (Mo/Day/Yr) <b>DECEMBER 22, 2022</b>			30 TIME OF DEATH <b>21:09</b>		31 WAS MEDICAL EXAMINER CONTACTED? <b>YES</b>		32 WAS AN AUTOPSY PERFORMED? <b>NO</b>		33 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
CAUSE OF DEATH (See Instructions and examples)												
34 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.												
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a <b>CONGESTIVE HEART FAILURE</b> Due to (or as a consequence of)												
Sequentially list conditions, if any, leading to the cause listed on line a b <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> Due to (or as a consequence of)												
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c Due to (or as a consequence of)												
d Due to (or as a consequence of)												
2278189												
36 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined						37 IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year						
38 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown												
39 DATE OF INJURY (Mo/Day/Yr)			40 TIME OF INJURY		41 PLACE OF INJURY (e.g., Decedent's home, construction site, wooded area)				42 DESCRIBE HOW INJURY OCCURRED		43 INJURY AT WORK?	
44 LOCATION OF INJURY State City or Town Zip Code									45 IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)			
Street and Number					Apartment Number							
46 CERTIFIER (Check only one) ATTENDING PHYSICIAN <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER 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						47 NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) <b>INAS YACOUB, MD 921 N. 23RD STREET OKLAHOMA CITY, OKLAHOMA 73103</b>						
48 LICENSE NUMBER <b>238740K</b>						49 DATE DEATH CERTIFIED (Mo/Day/Yr) <b>DECEMBER 24, 2022</b>						
50 REGISTRAR'S SIGNATURE <b>Kelly M Baker</b>						52 DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) <b>DECEMBER 27, 2022</b>						

Wednesday, December 28, 2022 12:05:36 PM