

Gladys D. Broome  
572 McDonald Circle  
Cheraw, SC 29520

March 24, 2015

Phone Work: 910-997-8440 Ext 6

The Honorable Nikki R. Haley  
Office of the Governor  
1205 Pendleton Street  
Columbia, South Carolina 29201

Dear Governor Haley:

I need your help and I don't know of any other way to say it. Will you please help me? Governor Haley for the past 21 years I have applied for service connected compensation through the Department of Veteran Affairs based on my deceased husband's injuries from his period service in the US Army. He passed away on January 23, 1994 and I have been denied five times since that time. At the time of his death he was receiving 100% VA disability based on his service connected injury and un-employability. I applied again two years ago and received my fifth denial notice two weeks ago on March 12, 2015.

The reason stated for the continued denials is that he died from lung cancer which he was not diagnosed by any doctor as having. In other words the Chesterfield County Coroner mistakenly put Lung Cancer instead of Lung Disease associated caused by his service connected phlebitis which caused and aggravated his lung disease.

I have enclosed a copy of the death certificate and a copy of the medical statement derived from years of his medical records that clearly state he did not have lung cancer. **All these years I have been trying to prove that he didn't die from lung cancer and I learned recently that the VA does not consider the medical records just the death certificate.** Long story short when I sought to have it corrected the Chesterfield Health Department referred me to the state DHEC and the state DHEC referred me back to the present coroner who refuses to help me. I am being denied benefits from a mistake on a death certificate. **I am the informant on the death certificate and no autopsy was completed.** I said lung disease and he wrote lung cancer. He died at home and I was upset by his death at the time the coroner asked me these questions in our bedroom while his body laid there, but I knew he had not received a diagnosis of cancer so I don't think I would have said cancer. I need a correction on the death certificate "cause of death" changed to "lung disease & post-phlebitic-syndromes" not natural causes and no one will take the time to help me. Medical summary is enclosed.

After 21 years of no compensation, I am now almost 64 years old, have no retirement benefits and cannot make my house payment and live off my Social Security so I have to continue to keep working until I die and not receive the Social Security because I'm working. My health is not good and I have had a mini stroke. Please help me by authorizing the correction and contacting the Columbia Regional VA ("File # XC 24520572" and #24 520 572; 319/212/SR; CSS 247885671) to avoid the two to three year wait each time I apply. They can reverse their decision with the corrected death certificate.

Signed

  
Gladys D. Broome

Cc: Eleanor Kitzman, DHEC Director, PO Box 11280 Columbia, SC 29211 & 2600 Bull Street, Columbia SC  
Enclosed check: \$30.00, DHEC Application, medical statement and copy of death certificate.

I HEREBY CERTIFY THIS IS A  
TRUE COPY OF THE RECORD ON  
FILE IN THE CHESTERFIELD  
COUNTY HEALTH DEPARTMENT

FEB 0 3 1994

Robert W. Hiffen  
COUNTY REGISTRAR

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE  
OTHER SIDE  
AND HANDBOOK

STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE BIRTH NUMBER

DECEDENT'S NAME First Middle Last 1. <u>JAMES</u> <u>CLAYTON</u> <u>BROOME SR</u>		SEX 2. <u>MALE</u>	DATE OF DEATH (Month, Day, Year) <u>JAN 23, 1994</u>
SOCIAL SECURITY NUMBER 3. <u>250-48-9409</u>	AGE - Last Birthday (Years) 4a. <u>58</u>	DATE OF BIRTH (Mo., Day, Year) 5. <u>Feb 16, 1935</u>	
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) 6. <u>YES</u>		9a. PLACE OF DEATH (Check only one; see instructions on other side) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
FACILITY NAME (If not institution, give street and number) 9b. <u>101 McDonald Circle</u>		CITY, TOWN, OR LOCATION OF DEATH 9c. <u>Cheraw</u>	COUNTY OF DEATH 9d. <u>Chesterfield</u>
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 10. <u>Married</u>	SURVIVING SPOUSE (If wife, give maiden name) 11. <u>Gladys Drake</u>	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. <u>TRUCK DRIVER</u>	KIND OF BUSINESS/INDUSTRY 12b. <u>Independent Truck</u>
RESIDENCE - STATE 13a. <u>SC</u>	COUNTY 13b. <u>Chesterfield</u>	CITY, TOWN, OR LOCATION 13c. <u>Cheraw</u>	STREET AND NUMBER 13d. <u>PO Box 1512</u>
ZIP CODE 13e. <u>29520</u>	Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)		RACE - American Indian, Black, White, etc. (Specify) 15. <u>BLACK</u>
FATHER'S NAME First Middle Last 17. <u>Tom</u> <u>Michaels</u>		MOTHER'S NAME First Middle Maiden Surname 18. <u>Mary</u> <u>Broome</u>	
INFORMANT'S NAME (Type/Print) 19. <u>Gladys D. Broome</u>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. <u>PO Box 1512 Cheraw, SC 29520</u>	
METHOD OF DISPOSITION 20a. <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20b. <u>Fisher Hill Cemetery</u>	
FUNDING DIRECTOR OR PERSON ACTING AS SUCH (Signature) 21a. <u>[Signature]</u>		NAME AND ADDRESS OF FACILITY 21b. <u>Hemming Funeral Home</u>	
FUNERAL DIRECTOR LICENSE NO. 21c. <u>1796</u>		LICENSE NUMBER (of facility) 21d. <u>484</u>	
EMBALMER (Signature) 22a. <u>[Signature]</u>		EMBALMER LICENSE NO. 22b. <u>1488</u>	
Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		To the best of my knowledge, death occurred at the time, date, and place stated: 23a. Signature and Title <u>[Signature]</u>	
TIME OF DEATH 24. <u>18:05 PM</u>		DATE PRONOUNCED DEAD (Month, Day, Year) 25. <u>1-23-94</u>	
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) 26. <u>YES</u>	
IMMEDIATE CAUSE (Final disease or condition resulting in death) 27. <u>NATURAL CAUSES</u>		Approximate Interval Between Onset and Death <u>Months</u>	
Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		28. <u>TERMINAL Lung Cancer</u>	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Yes or No) 28a. <u>NO</u>	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		DATE OF INJURY (Month, Day, Year) 30a. <u>1-23-94</u>	
DATE OF INJURY (Month, Day, Year) 30b. <u>1-23-94</u>		TIME OF INJURY 30c. <u>M</u>	
INJURY AT WORK? (Yes or No) 30d. <u>NO</u>		DESCRIBE HOW INJURY OCCURRED 30e. <u>NO</u>	
PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify) 30f. <u>NO</u>		LOCATION (Street and Number or Rural Route Number, City or Town, State) 30g. <u>NO</u>	
CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 31. <u>NO</u>	
SIGNATURE AND TITLE OF CERTIFIER To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 32a. <u>[Signature]</u>		LICENSE NUMBER 32b. <u>1-27-94</u>	
NAME AND ADDRESS OF PERSON WHO SIGNED IN 32a. (Type/Print) 32c. <u>Robert B. Roberson - Coroner of Chesterfield County</u>		DATE SIGNED (Month, Day, Year) 32d. <u>1-27-94</u>	
REGISTRAR'S SIGNATURE 33. <u>[Signature]</u>		DATE FILED (Month, Day, Year) 34. <u>JAN 27, 1994</u>	

Name of Decedent:  
For Use By Physician Or Institution

Pronouncing  
Physician  
Only →  
See ↑  
Definition  
On Other  
Side

See Instructions On Other Side  
See Definition  
On Other Side

**Mark Levin MD**

**6 Gel Court, Monsey NY, 10952**

*File #  
24-520-572/10*

April 1 21, 2014

To whom it may concern,

I am a licensed and board-certified physician in internal medicine and medical oncology. I am licensed in the states of New York and New Jersey, I am certified by the American Board of Utilization Review and Quality Assurance and have a Worker's Compensation Number in the state of New York. I am responding to your inquiry in the matter of James Broome. To this end, I reviewed the hospital records that were provided to me.

My opinions are based on the information currently available to me and they are to reasonable degree of medical certainty.

**Medical History:**

Mr. Broome born on 2/16/1935, age 58 at time of death had primarily pulmonary and Deep Venous Thrombosis related issues; he also suffered from arthritis and hypertension. He stopped smoking in the early 1970s. According to the medical records dated back to 1987 and those from Dr. Penn in 1991 it appears that Mr. Broome suffered multiple embolus and was transported by ambulance to another facility for treatment and/or surgery. He was considered unemployable because of post-phlebitic syndromes due to leg injuries in early 1950s. He suffered from occupationally related restrictive lung disease (See, for example, consultation note from 1/17/90, signature illegible). His diffusion capacity was only 24% of predicted on 1/18/1990; the highest recorded value of DLCO is 55% of predicted.

He suffered a collapsed lung in 1991 and had multiple hospital stays and surgeries in the subsequent years. Notably, his chest x-rays have always showed interstitial markings, hilar shadows, honeycombing and various radiologic abnormalities. Consistent with post-phlebitis syndrome. Bronchial washings and bronchoscopy on 1/17/1990 were negative for cancer. He had a pneumothorax in September, 1991. On 11/12/1993, a chest x-ray reported a 7cm soft tissue mass. A CAT was planned, but apparently never performed; a biopsy was also postponed and never performed.

Mr. Broome died at home on Jan 23, 1994. No medical exams were completed to determine cause of death. His death certificate indicates his wife as the informant and lists lung cancer and natural causes on the on the

death certificate. Mr. Broome's wife denies providing the term "lung cancer" to the coroner.

My opinion:

In my opinion, since no medical examination was performed at the time of death and no biopsy was performed to determine cancer the assumption and diagnosis of cancer does not fit within the standard of care and can only be seen as conjecture on the part of the coroner. As an oncologist, I would not be able to certify the diagnosis of cancer or to plan any therapy based solely on chest x-ray findings. Without a tissue diagnosis, even a presumption of cancer cannot be made. I note that the large soft tissue density of 7 cm in size was not seen on the many prior imaging studies and that sputum cytology did not show cancer cells. In these circumstances, it was much more likely to have been a confluence of structures artifactually appearing as a soft tissue density.

In my opinion Mr. Broome's service connected disability of post-phlebitis was a possible direct cause of death but it was a definite contributing factor to his death.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. Levin".

Mark Levin, MD



6 Gel Court  
Monsey , NY 10952  
Phone: (845) 406-2183  
Website: [www.cancer-treatment-today.org](http://www.cancer-treatment-today.org)

**Profile:**

Dr. Levin was Clinical Associate Professor of Medicine 1/2008 - 6/2008; prior to that time he had been Associate Professor while a full-time attending at the University Hospital in Newark. Prior to 2004 had been an Associate Clinical Professor of Medicine at Weill-Cornell College of Medicine. He is currently in private practice in Bergen County, New Jersey. He is first author of over thirty academic articles, chapters and several books. Over the past two decades he held the positions of Interim Chief of Hematology and Oncology at the New Jersey Medical School, Director of the Cancer Center at Holy Name Hospital in Teaneck, NJ; Chief of Hematology and Oncology and Chief of Service at Lincoln Medical Center and concurrently Director of the Cancer Center of the Northern Manhattan + Network of the Health and Hospitals Corporation in New York City; and Co-Director of Oncology at Brookdale University Hospital and Medical Center in Brooklyn, New York. He developed and ran two clinical research programs as well as a community advocacy group. He was listed several times as the best in his specialty by the Castle Connolly Guide to Americas top Doctors. In addition to Board Certification in Internal Medicine and Oncology and eligibility in Hematology, Dr. Levin is certified by the American Board of Quality Assurance and Utilization Review.

**Education/Licenses:**

MD, MBA, Licensed in NY, NJ and CT.

**Primary Area of Expertise:**

Oncology



## Vital Records Birth/Death Application

A photocopy of a current government, school or employer photo identification of the applicant must be submitted with all requests.

Applications without proper identification will be returned unprocessed.

Name of applicant: Gladys D. Broome Day phone number: 910-997-8440 Ext 6 Wkr

Address: 572 McDonald Circle

City: Cheraw

State: SC

Zip code: 29520

Note: Mail from Vital Records will not be forwarded by the USPS.

Address certificate to be mailed to if different than applicant's address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Your relationship to person named on the certificate. (Check one - will be used to determine entitlement)

☐ Self ☐ Adult child ☒ Family member (specify) Widow

☐ Parent ☐ Legal Guardian ☐ Legal representative (for whom?) \_\_\_\_\_

For what purpose are you requesting this certificate? Request for cause of death correction. see attached verifications.

By signing this application, I understand that making a false application for a vital record is a felony under state law.

Signature of applicant: Gladys D. Broome

### BIRTH CERTIFICATES

Full name: \_\_\_\_\_  
First Middle Last Suffix

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ City of birth: \_\_\_\_\_ County of birth: \_\_\_\_\_

Name of mother prior to any marriage: \_\_\_\_\_  
First Middle Last

Name of father: \_\_\_\_\_  
First Middle Last

Mother's state of birth: \_\_\_\_\_ Father's state of birth: \_\_\_\_\_

Were parents married at time of birth: ☐ Yes ☐ No Number of children born in SC to this mother? \_\_\_\_\_

Name at birth if ever changed for any reason other than marriage: \_\_\_\_\_

Specify the number and type of certification(s) requested: (Long form recommended)

☐ Birth long (\$12) ☐ Additional long (\$3 each) ☐ Birth short (\$12) ☐ Additional short (\$3 each)

Total fees submitted: \_\_\_\_\_

### DEATH CERTIFICATES

Name of deceased: James Clayton Broome  
First Middle Last Suffix

Date of death: 01/23/1994 Sex: Male Age at death: 58 City/County of death: Chesterfield

Specify the number and type of certification(s) requested:

1 Death long (\$12) 1 Additional long (\$3 each) 1 Death short (\$12) 1 Additional short (\$3 each)

1 Death statement (\$12) 1 Additional statement (\$3 each)

Total fees submitted: \$30.00 Cause of death corrected

Send completed application/photocopy of identification to:

SC DHEC - Vital Records

2600 Bull Street, Columbia, SC 29201

OFFICE USE ONLY SFN: \_\_\_\_\_

DCN: \_\_\_\_\_

**South Carolina** SC USA **DRIVER'S LICENSE**

DL#: 001902306 **BROOME, GLADYS D**  
31 McDONALD CIR  
CHERAW SC 295207604

DOB: 06-30-1951  
Issued: 06-04-2012  
Expires: 06-30-2022  
Class: D  
Sex: F  
Weight: 188  
Height: 5-08  
Restrict: None  
Endorse: None

06-30-1951

19038 D 2

*Gladys D Broome*

*Mark E. Miller*  
Governor

Mailing Address is  
572 Mc Donald Circle  
Cheraw SC 29520

UNITED STATES POSTAL SERVICE®		CUSTOMER'S RECEIPT			
SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION <b>NOT NEGOTIABLE</b>	Pay to	SC DHEC			KEEP THIS RECEIPT FOR YOUR RECORDS
	Address	2600 Bull St Columbia SC.			
Serial Number	Year, Month, Day	Post Office	Amount	Clerk	
22115696005	2015-03-25	283790	\$30.00	0003	

  

UNITED STATES POSTAL SERVICE®		POSTAL MONEY ORDER		
Serial Number	Year, Month, Day	Post Office	U.S. Dollars and Cents	
22115696005	2015-03-25	283790	\$30.00	
Amount		THIRTY DOLLARS & 00¢ *****		
Pay to	SC DHEC - Vital Records			Clerk
Address	2600 Bull Street Columbia, SC 29201			0003
Memo	Death Certification Correction			
© 2008 United States Postal Service. All Rights Reserved.		SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS		
1:0000008002:		22115696005		

Original sent to  
DHEC - Director

Please advise of  
any additional  
costs.





CUSTOMER'S RECEIPT

SEE BACK OF THIS RECEIPT  
FOR IMPORTANT CLAIM  
INFORMATION  
NOT  
NEGOTIABLE

Serial Number 2215696005



POSTAL MONEY ORDER

Year, Month, Day 2015-03-25  
Post Office 283790  
Amount \$20.00  
Clerk 0003

KEEP THIS  
RECEIPT FOR  
YOUR RECORDS

Pay to SC DHEC  
Address 2600 Bull St  
Columbia SC

Serial Number 2215696005

Year, Month, Day 2015-03-25  
Post Office 283790  
U.S. Dollars and Cents \$30.99  
Amount THIRTY DOLLARS & 00¢ \*\*\*\*\*

Clerk 0003

Pay to SC DHEC - Vital Records  
Address 2600 Bull Street  
Columbia SC 29201

Memo

Death Certification Correction

00000080021

2215696005

SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS