

# Registrar of Vital Statistics

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FORM NO. 1-A  
(REV. 1968)

**COMMONWEALTH OF KENTUCKY**  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

FILE NO. 116 68 7325  
REGISTRAR'S NO. 46

Registration District No. 1064 Primary Registration District No. 2420

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>Melissa Jane Jackson</u>		<u>Jane</u>	<u>Jackson</u>	<u>Melissa</u>	<u>Female</u>	<u>March 24, 1968</u>
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. <u>White</u>	5a. <u>43</u>	MOS. DAYS	HOURS MIN.	6. <u>JAN 5, 1875</u>	7a. <u>Monroe</u>	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Tompkinsville</u>		7c. <u>Yes</u>	7d. <u>Monroe County War Memorial</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <u>Kentucky</u>	9. <u>U.S.A.</u>	10. <u>Widowed</u>		11. <u>—</u>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <u>—</u>		13a. <u>House keeper</u>		13b. <u>—</u>		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. <u>Kentucky</u>	14b. <u>Monroe</u>	14c. <u>Tompkinsville</u>		14d. <u>—</u>	14e. <u>Rural Route 2</u>	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. <u>Lidge Gillenwater</u>		<u>Lidge</u>	<u>Gillenwater</u>	<u>Lidge</u>	16. <u>Margaret Moore</u>	
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. <u>Mrs. Ethel Copass</u>		17b. <u>R-2 Tompkinsville, Ky</u>		17c. <u>42167</u>		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) <u>ASND congestive heart failure</u>				<u>2 weeks</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <u>—</u>				
		(c) <u>—</u>				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
						19a. <u>No</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. <u>—</u>		20b. <u>—</u>	20c. <u>M.</u>	20d. <u>—</u>		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20e. <u>—</u>		20f. <u>—</u>	20g. <u>—</u>	20h. <u>—</u>		
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <u>—</u>		<u>Feb. 25, 1968</u>	<u>March 24, 1968</u>	<u>21c. Mar. 24, 1968</u>	<u>21d. Did</u>	<u>21e. A.M.</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		
22a. <u>—</u>		M. 22b. <u>—</u>		M. 22c. <u>—</u>		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>Wendell Hurt</u>		23b. <u>Wendell Hurt, M.D.</u>		<u>M.D.</u>	23c. <u>March 25, 1968</u>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP	
23d. <u>Tompkinsville</u>		<u>805 N. Main St.</u>	<u>Tompkinsville</u>	<u>Ky</u>	<u>42167</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE
24a. <u>Burial</u>		24b. <u>Harlins Cross Roads</u>		24c. <u>Tompkinsville, Kentucky</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL DIRECTOR—SIGNATURE				
24d. <u>March 26, 1968</u>		24e. <u>Keith Baker</u>				
NAME OF EMBALMER		(LIC. NO.)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25b. <u>Keith Baker</u>		<u>3053</u>	25a. <u>Barbara F. White</u>	26b. <u>3-25-68</u>		

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I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 17th day of Oct, 1968

*Barbara F. White*

Barbara F. White, State Registrar