

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND. NOT A WHITE BACKGROUND

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| FORM V. S. NO. 1-A REV. 1-56 | | COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH | | FILE NO. <u>116</u> | 66 22075 |
| Registration District No. <u>1064</u> | | Primary Registration District No. <u>7361</u> | | REGISTRAR'S NO. <u>87</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Monroe</u> | | | 2. USUAL RESIDENCE a. STATE <u>Kentucky</u> b. COUNTY <u>Monroe</u> | | |
| b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Tompkinsville Rural</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Tompkinsville</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-3</u> | | (If not in hospital or institution, give street address or location) | | d. STREET ADDRESS <u>R-3</u> IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Orpha</u> b. (Middle) <u>Bedford</u> c. (Last) <u>Sheffield</u> | | | 4. DATE OF DEATH (Month) <u>9</u> (Day) <u>23</u> (Year) <u>1966</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u> | 8. DATE OF BIRTH <u>6-25-1893</u> | 9. AGE (in years last birthday) <u>73</u> | If Under 1 Year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>House keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> | |
| 13. FATHER'S NAME <u>Lixey Moore</u> | | | 14. MOTHER'S MAIDEN NAME <u>Lou Gee</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Johnnie Sheffield</u> | |
| MEDICAL CERTIFICATION | 18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYO CARDIAC INFARCTION</u> Interval between ONSET AND DEATH <u>30 MIN</u> | | | | |
| | Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTEROSCLEROSIS & ASMA</u> Interval <u>10 yr</u> | | | | |
| | DUE TO (c) _____ | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | |
| 20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) | | |
| 21b. TIME OF INJURY Hour _____ a. m. _____ p. m. | | | 21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21e. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 22. I hereby certify that I attended the deceased from <u>1960 to SEP 23, 1961</u> , that I last saw the deceased alive on <u>SEP 23, 1966</u> , and that death occurred at <u>2:00 p.m.</u> from the causes and on the date stated above. | | | | | |
| 23a. DATE SIGNED <u>9/27/66</u> | | 23b. ADDRESS <u>TOMPKINSVILLE KY</u> | | 23c. SIGNATURE (Degree or title) <u>William R. Bushong MD</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9-25-1966</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ML Hermon</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Monroe County Ky.</u> | | 25a. DATE REC'D BY LOCAL REG. <u>9-27-66</u> | | | |
| 25b. REGISTRAR'S SIGNATURE <u>Frances Bowma</u> | | 25c. FUNERAL DIRECTOR <u>Keith Baker</u> | | ADDRESS <u>1101 N MAIN Tompkinsville Ky</u> | |



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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 19th day of Dec, 1966.

Barbara F. White

Barbara F. White, State Registrar