

# Registrar of Vital Statistics

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FORM NO. 1-A  
(REV. 3/83)

COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR HEALTH SERVICES  
REGISTRAR OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116 86 15890  
REGISTRAR'S NO. 57

Registration District No. 1064 Primary Registration District No. 2420

DECEASED  
USUAL WHERE DECEASED LIVED, OCCURRED IN INSTITUTIONS, SEE INSTRUCTIONS.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. VIRGIL		G.	FRAZIER		2. Male	3. June 1, 1986		
RACE (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
		5a. 94	MOS. 5b.	DAYS 5c.	6. April 1 1898	7. Monroe		
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)		IF HOSP. OR INST. Indicate DOA, or Emerg. & Inpatient (Specify)		
7b. Tompkinsville		7c. yes		7d. Green Hills		7e. 7		
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. Kentucky		9. U.S.A.		10. Married		11. Nina Rich		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 400-22-7764		13a. Retired Mill Worker		13b. Mill		13c. 372		
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		ZIP		STREET AND NUMBER		
14a. Kentucky		14b. Monroe		14c. Tompkinsville		14d. Green Hills		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15. Willie Frazier					16. Cora Rhoton			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Nina Rich Frazier				17b. Green Hills Tompkinsville, Ky. 42167				
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								
18. 4199		IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		(a) Respiratory Arrest						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Coronary Artery Disease				5 months		
		(c)						
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)								
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.		20d.		
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.		20f.		20g.				
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				22a. 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) stated.				
(Signature and Title)		HOUR OF DEATH		(Signature and Title)		HOUR OF DEATH		
DATE SIGNED (Mo., Day, Yr.)		21c.		DATE SIGNED (Mo., Day, Yr.)		22c.		
21b.		21d.		22b.		22d.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)		
21e.				22e. ON June 1, 1986		22f. AT 8:20 a.m.		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)								
23. Charles Strode / Coroner 204 Columbia Ave. Tompkinsville, Ky. 42167								
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE
24a. Burial		24b. Freedom #2 Cemetery		24c. Tompkinsville, Ky.		24d. 42167		
DATE (MONTH, DAY, YEAR)		FUNERAL DIRECTOR—SIGNATURE		ADDRESS (ZIP CODE) OF FUNERAL HOME				
24e. June 3, 1986		24f. [Signature]		24g. 204 Columbia Ave. Tompkinsville, Ky. 42167				
NAME OF FUNERAL HOME		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25b. Strode Funeral Home		25a. [Signature]		25c. June 9				



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 3rd day of March, 1995

*Barbara F. White*

Barbara F. White, State Registrar