

Registrar of Vital Statistics

Certified Copy



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

FORM V.S. NO. 1-A REV. 1-55 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116	56- 23842
REGISTRATION DISTRICT NO. 1064		PRIMARY REGISTRATION DISTRICT NO. 7366		REGISTRAR'S NO. 98	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE a. STATE <u>ky</u> b. COUNTY <u>Morgan</u>		(Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Rural</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Rural - Morgan</u>		d. STREET ADDRESS		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ormond</u> b. (Middle) <u>Jurner</u> c. (Last) <u>Hale</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11 1956</u>			
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 6 1880</u>	9. AGE (In years last birthday) <u>76</u>	If Under 1 Year: Months Days; If Under 24 Hrs.: Hours Min.
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Tenn</u>	
13. FATHER'S NAME <u>Cliska Jurner</u>		14. MOTHER'S MAIDEN NAME <u>Laura Jurner</u>		12. CITIZEN OF WHAT COUNTY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give unit or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Billy Hale</u>	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Sclerosis & Occlusion</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>	
Conditions, if any, which gave rise to above cause (b) stating the underlying cause last.		DUE TO (b)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).		4201-081-16		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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>15 Oct, 1956 to 11 Nov, 1956</u> that I last saw the deceased alive on <u>10 Nov, 1956</u> and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>14 Nov 56</u>		23b. ADDRESS <u>Franklinville Ky</u>		23c. SIGNATURE <u>J. Heaster M.D.</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 13 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	
24d. LOCATION (City, town, or county) (State) <u>Morgan Co. Tenn</u>		25a. DATE REC'D BY LOCAL REG <u>11-11-56</u>		25b. REGISTRAR'S SIGNATURE <u>Deulah Smith Deputy</u>	
26. FUNERAL DIRECTOR <u>John E. G. G. G.</u>		ADDRESS <u>Franklinville 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 9 day of July, 19 58.

Barbara F. White

Barbara F. White, State Registrar