

Registrar of Vital Statistics

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FORM V.S. NO. 1-A
(REV. 6/83)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

FILE NO. 116 86 32292

CERTIFICATE OF DEATH

REGISTRAR'S NO. 112
4361

Registration District No. 1064 Primary Registration District No. _____

1. DECEASED—NAME FIRST: <u>DOUGLAS</u> MIDDLE: <u>EVERET</u> LAST: <u>GILLENWATER</u>		2. SEX: <u>Male</u>	3. DATE OF DEATH (MONTH, DAY, YEAR): <u>December 21, 1986</u>
4. RACE (SPECIFY): <u>white</u>	5a. AGE—LAST BIRTHDAY (YEARS): <u>64</u>	5b. UNDER 1 YEAR: _____	5c. UNDER 1 DAY: _____
6. DATE OF BIRTH (MONTH, DAY, YEAR): <u>November 12, 1922</u>		7a. COUNTY OF DEATH: <u>Monroe</u>	
7b. CITY, TOWN, OR LOCATION OF DEATH: <u>Tompkinsville</u>		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): <u>no</u>	7d. HOSPITAL OR OTHER INSTITUTION (Name (if not in either, give street and number)): <u>Route #1 92</u>
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): <u>Kentucky</u>		9. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <u>married</u>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): <u>Genevieve Gillenwater</u>	
12. SOCIAL SECURITY NUMBER: <u>12303 -20-6994</u>		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): <u>Farmer</u>	
14a. RESIDENCE—STATE: <u>Kentucky</u>		14b. COUNTY: <u>Monroe</u>	
14c. CITY, TOWN, OR LOCATION: <u>Tompkinsville</u>		14d. ZIP: <u>42167</u>	
15. FATHER—NAME: <u>William Thomas Gillenwater</u>		16. MOTHER—MAIDEN NAME: <u>Hammer, Lottie Gillenwater</u>	
17a. INFORMANT—NAME: <u>Genevieve Gillenwater</u>		17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): <u>Route #1 Tompkinsville, Kentucky 42167</u>	

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE: 1629 (a) Adeno carcinoma of Right Lung

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) _____

(c) _____

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a):

19. AUTOPSY (Yes or No): no

20. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): _____

21. WAS THERE A PREGNANCY IN LAST 60 DAYS (YES, NO, UNK.): _____

22. ACC. SUICIDE, H.M., UNDET. OR PENDING INVEST. (Specify): _____

23. DATE OF INJURY (MONTH, DAY, YEAR): _____

24. HOUR: _____

25. INJURY AT WORK (SPECIFY YES OR NO): _____

26. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): _____

27. LOCATION: _____

28. INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): _____

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

(Signature and Title): [Signature]

DATE SIGNED (Mo., Day, Yr.): 12/23/86

HOUR OF DEATH: 1:33 AM

21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): _____

21c. _____

21d. _____

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): _____

DATE SIGNED (Mo., Day, Yr.): _____

HOUR OF DEATH: _____

22b. PRONOUNCED DEAD (Mo., Day, Yr.): _____

22c. PRONOUNCED DEAD (Hour): _____

22d. ON _____

22e. AT _____

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Dr. Kenneth Crabtree Rhodes St. Gamaliel, Kentucky 42140

24. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

25. CEMETERY OR CREMATORY—NAME: Beautiful Home Cemetery

26. LOCATION: Monroe County, Kentucky

27. DATE (MONTH, DAY, YEAR): December 22, 1986

28. FUNERAL DIRECTOR—SIGNATURE: [Signature]

29. ADDRESS (ZIP CODE) OF FUNERAL HOME: 204 Columbia Ave, Tompkinsville, Ky. 42167

30. NAME OF FUNERAL HOME: Strode Funeral Home

31. REGISTRAR—SIGNATURE: [Signature]

32. DATE RECEIVED BY LOCAL REGISTRAR: Dec. 29, 1986



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 21 day of Mar, 1987.

Barbara F. White
Barbara F. White, State Registrar