

# Registrar of Vital Statistics

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COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR HUMAN RESOURCES  
REGISTRAR OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116-79-08033  
REGISTRAR'S NO. 148

Registration District No. 690 Primary Registration District No. 2230

DECEASED—NAME 1. Harriet Rush Yokley		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. April 26, 1979
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 95	UNDER 1 YEAR MOS. DATE 5b.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. April 3, 1884
CITY, TOWN, OR LOCATION OF DEATH 7b. Elizabethtown	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7d. NAT 70	COUNTY OF DEATH 7a. Hardin
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Kentucky	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.
SOCIAL SECURITY NUMBER 12. 402 90 2161	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. housekeeper	KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. Kentucky	COUNTY 14b. Hardin	CITY, TOWN, OR LOCATION 14c. Vertrees	STREET AND NUMBER 14d.
FATHER—NAME 15. Benjamin Rush		MOTHER—MAIDEN NAME 16. Harriet Thompson	
INFORMANT—NAME 17a. Alma Emberton		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Vertrees, Ky. 42785	
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 2100 (a) Septicemia DUE TO, OR AS A CONSEQUENCE OF: (b) Severe decubitus ulcers DUE TO, OR AS A CONSEQUENCE OF: (c) Senile dementia			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			ALTOPTSY (Yes or No) 19a. No
Arteriosclerotic heart disease, cerebrovascular disease			19b. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 19c.
ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION 20g.	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 11 3 73	TO 21b. 4 26 79	AND LAST SAW HIM/HER ALIVE ON 21c. 4 2 79	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. I did not
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. 22a.			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 8:55A
CERTIFIER—NAME (TYPE OR PRINT) 23a. William R. Handley, M. D.		SIGNATURE 23b. <i>William R. Handley</i>	DEGREE OR TITLE 23c. M. D.
MAILING ADDRESS—CERTIFIER 23d. 914 N. Dixie, Elizabethtown, Kentucky 42701		STATE 23e. KY	ZIP 23f. 42701
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Yokley	LOCATION 24c. Tompkinsville, Ky.	
DATE (MONTH, DAY, YEAR) 24d. April 28, 1979	FUNERAL DIRECTOR—SIGNATURE 24e. <i>James J. [unclear]</i>	ADDRESS (ZIP CODE) OF FUNERAL HOME 24f. 101 N. Main St. Tompkinsville, Ky. 4216	
NAME OF FUNERAL HOME 25b. Yokley Funeral Home Inc.	REGISTRAR—SIGNATURE 25a. <i>Margaret Royalty</i>	DATE RECEIVED BY LOCAL REGISTRAR 26b. May 4, 1979	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL



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

I, Sandra J. Davis, 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 whereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 14th day of Oct, 2002.

*Sandra J. Davis*  
Sandra J. Davis, State Registrar