

Registrar of Vital Statistics

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

FORM V.S. NO. T-A REV. 1-56 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 <u>62</u> <u>5329</u>
Registration District No. <u>565</u>		Primary Registration District No. <u>5431</u>		
1. PLACE OF DEATH a. COUNTY GRANT		2. USUAL RESIDENCE (Where deceased lived. If institutions; residence before admission) a. STATE KENTUCKY b. COUNTY GRANT		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL; WILLIAMSTOWN		c. LENGTH OF STAY (in this place) 50 YRS	c. CITY OR TOWN WILLIAMSTOWN	IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #2, WILLIAMSTOWN		(If not in hospital or institution, give street address or location)	d. STREET ADDRESS RFD #2	IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN b. (Middle) MARY c. (Last) SHINKLE			4. DATE OF DEATH (Month) (Day) (Year) MARCH 25, 1962 ✓	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 22, 1877	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) HOMEMAKER	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) GRANT COUNTY, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JESSE REDMON MITTS			14. MOTHER'S MAIDEN NAME LIZZIE ROBINSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT CLINTON SHINKLE, SON		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. 420h DUE TO (b) _____ DUE TO (c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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, month, day, year) 7:00 p.m. 3/25/62				
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 p.m. , from the causes and on the date stated above.				
23a. DATE SIGNED 3/26/62	23b. ADDRESS DRY RIDGE KY.	23c. SIGNATURE E. J. Neal, CORONER, GRANT CO, KY.		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/27/62	24c. NAME OF CEMETERY OR CREMATORY OAK RIDGE CEMETERY	24d. LOCATION (City, town, or county) (State) GRANT COUNTY, KENTUCKY	
25a. DATE REC'D BY LOCAL REG. 3/30/62	25b. REGISTRAR'S SIGNATURE Betty J. McClanahan	26. FUNERAL DIRECTOR ADDRESS ELLISTON-STANLEY FUNERAL HOME WILLIAMSTOWN, KENTUCKY		



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 20th day of Dec, 2002

Sandra J. Davis
Sandra J. Davis, State Registrar