Registrar of Vital Statistics Certified Copy



2612988 86 21754
COMMONWEALTH OF MENTILOW
(Pay 0.72) DEPARTMENT FOR HUMAN RESOURCES FILE NO. 116
REGISTRAR OF VITAL STATISTICS CERTIFICATE OF DEATH REGISTRAR'S NO. 189
Registration District No. 1310 Primary Registration District No. 2505
DECEASED—NAME FIRST MIDDLE LAST (SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. FLORENCE MARIE OMOHUNDRO 2. FEMALE 3. 7/28/1986
RACE WHITE, BLACK, AMERICAN INDIAN. AGE-LAST UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH MONTH, DAY, COUNTY OF DEATH
4. WHITE / SIRIHDAY (YEARS) MOS. DAYS HOURS MIN. YEAR) 4. PAGE 70. ROWAN
CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS INSIDE CITY
7b. MOREHEAD 7c. TES OF BIRTHUF NOT IN U.S.A., CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, SURVIVING SPOUSE OF WIFE, SIVE MAIDEN NAME
USUAL RESIDENCE KY NAME COUNTRY TICA WIDOWED DIVORCED GRECIPY
WHERE DECEASED 5. 17. 10. 110. 110. 110. 110. 110. 110.
OCCUPACION. SEE INSTITUTION. SEE INSTITUTIONS. 12. 407-22-5522 WORKING LIFE, EYEN IF RETIRED! HOUSEWIFE 9/4 13b HOME 96/
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION ZIP INSIDE CITY LIMITS STREET AND NUMBER
14a. KY 14b. BATH 14c. SALT LICK 40371 (SPECIFICATION NO) 14c. U.S. 60 East
PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST 15. JOHN MASON MYERS 16. EMMA HAGERMAN
15. JOHN PIASON MILEAS 16. LAMPIA HAGERMAN INFORMANT—NAME MAILING ADDRESS (STREET OR R.P.D. NO., CITY OR TOWN, STATE, ZIP)
17a. JACK OMOHUNDRO (son) 17b. GENERAL DELIVERY SALT LICK, KY 40371
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN OMEST AND DEATH
18. IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
WHICH GAVE SISE TO (b) Parding arrhantly
IMMEDIATE CAUSE (Q), STATING THE UNDER- LYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF: LYING CAUSE LAST
(c) Chrones Obstantline annua delesa
CAUSE PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D) AUTORY (Yes or No) EXAMINER OR CORONER
19b, Specify Yes or No)
ACC., SUICIDE, HOM., UNDET'., OR PENDING INVEST. (Specify) 20c. DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c. M. 20d.
INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET, FACTORY LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
(SPECIFY YES OR NO) OFFICE BLDG., ETC. (SPECIFY) 200. 20f. 20q.
CERTIFICATION— MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON I DID/DID NOT VIEW THE DEATH OCCURRED AT THE PLACE, ON THE PHYSICIAN: TO TO COLUMN DAY YEAR MONTH DAY YEAR SODY AFTER DEATH. (HOUR) & DATE, AND, TO THE BEST
TATENDED THE 7-16-86 216. 7-28-86 216. DID 216. 4:28 M.TO THE CAUSE(S) STATED. CERTIFICATION—MEDICAL EXAMINER OF CORONER: ON THE MASS OF THE HOUR OF BEATH THE DECEMENT WAS PRONOUNCED DEAD
EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OFINION, MONTH DAY YEAR HOUR
22g. 4.20 d M.
23g. J. Hunter Black, M.D. 22b. 21/ Oliv MD / 12c. X/19/86
MAILING ADDRESS—CERTIFIER 23d. Morehead Clinic 234 R. Fleming Avenue CITY OF TOWN. Morehead, KY 40351
BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
24a. BURIAL 24b. JONES CEM. 24c. Salt Lick, Ky.
BURIAL DATE (MONTH, DAY, YEAR) FUNERAL PRECTOR—SIGNATURE ADDRESS (ZIP CODE) OF FUNERAL HOME 25d. Kellert i mall MA P.O. BOX 294 SALT LICK, KY 40371
NAME OF FUNERAL HOME
THAITH OF THE WAS TO T
The state of the s
THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Paul F. Royce, 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. It testimony thereof I have hereful subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this

State Registrar