

Registrar of Vital Statistics

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2002 28265

FORM VS NO. 1-A
(Rev. 5/02)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116

FILE NO.

CERTIFICATE OF DEATH

MUST
BE
TYPED

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) JACK OMOHUNDR0			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) September 16, 2002		
4. SOCIAL SECURITY NO. 404 34 5123		5a. AGE Last Birthday (Years) 73	5b. UNDER 1 YEAR (Months) (Days)	5c. UNDER 1 DAY (Hours) (Minutes)	6. DATE OF BIRTH (Month, Day, Year) January 29, 1929		
7. BIRTHPLACE (City/State or Foreign Country) Homestead, PA			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient* <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			9b. FACILITY NAME (If not institution, give street and number) 10584 East Highway 60				
10. MARITAL STATUS Married			11. SURVIVING SPOUSE (If wife, give maiden name) Carolyn McLean		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired) Civil Engineer		
12b. KIND OF BUSINESS/INDUSTRY State Highway Dept.			13a. RESIDENCE - State KY				
13b. COUNTY Bath		13c. CITY, TOWN, OR LOCATION Salt Lick		13d. STREET AND NUMBER 10584 East Highway 60			
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 40371		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/Secondary (0-12) 12 College (13-16 or 3+)			17. FATHER'S NAME (First, Middle, Last) R. B. Omohundro				
18. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Myers			19a. INFORMANT'S NAME Carolyn Omohundro				
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10584 East Highway 60 Salt Lick, KY 40371			20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Jones Cemetery			20c. LOCATION - (City, Town, or State) Salt Lick, KY 40371				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <i>Robert Powell</i>			22. NAME AND ADDRESS OF FACILITY Powell Funeral Home, Inc. P.O. Box 294 39 Main Street Salt Lick, KY 40371				
23a. To the best of my knowledge, death occurred at the time, date, place and due to the causes stated <i>Robert Powell</i> Signature and Title Bath Co. Coroner (MUST USE BLACK INK)					23b. DATE SIGNED (Month, Day, Year) 9-23-2002		
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 23) Bath Co. Coroner Robert Powell P.O. Box 294 Salt Lick, KY. 40371							
25. TIME OF DEATH 5:00 PM		26. DATE PRONOUNCED DEAD (Month, Day, Year) September 16, 2002		27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28. PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiogenic Shock DUE TO (OR AS A CONSEQUENCE OF): b. Cardio-Myopathy DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						Approximate interval between onset and death.	
PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.				28a. If female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28c. Were autopsy findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				28d. Did the deceased have Diabetes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28e. Was Diabetes an immediate, underlying, or contributing cause of or condition leading to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined			
30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY		30c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		30d. DESCRIBE HOW INJURY OCCURRED	
30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			30f. LOCATION (Street and Number or Rural Route Number, City or Town)				
31. REGISTRAR'S SIGNATURE <i>Sandra J. Davis</i>					32. DATE FILED (Month, Day, Year) OCT 02 2002		



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 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 2nd day of Oct, 20 02

Sandra J. Davis