

# DEATH VERIFICATION

DECEASED—NAME 1. <u>Albert H. Myers</u>			SEX 2. <u>MALE</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>Nov 6 - 1976</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <u>White</u>	AGE—LAST BIRTHDAY (YEARS) 5a. <u>88</u>	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <u>Feb 25 - 1888</u>	COUNTY OF DEATH 7a. <u>Montgomery</u>
CITY, TOWN, OR LOCATION OF DEATH 7b. <u>Mt. Sterling</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <u>yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <u>Mary Chiles Hospital</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <u>Ky</u>	CITIZEN OF WHAT COUNTRY 9. <u>USA</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <u>Widowed</u>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	
SOCIAL SECURITY NUMBER 12. <u>380-22-4835</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <u>LABOR</u>		KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. <u>Ky</u>	COUNTY 14b. <u>BATH</u>	CITY, TOWN, OR LOCATION 14c. <u>SALT LICK</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>no</u>	STREET AND NUMBER 14e.
FATHER—NAME 15. <u>John Myers</u>			MOTHER—MAIDEN NAME 16. <u>Emma Haymon</u>		
INFORMANT—NAME 17a. <u>Marie Omahunders</u>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <u>Salt Lick, Ky</u>		
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 (a) <u>Coronary Occlusion</u> DUE TO, OR AS A CONSEQUENCE OF:					<u>Immed.</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) <u>Intractable heart failure</u> DUE TO, OR AS A CONSEQUENCE OF:					<u>36 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (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 (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <u>10 31 76</u> TO 21b. <u>11 6 76</u>		AND LAST SAW HIM/HER ALIVE ON 21c. <u>11 5 76</u>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <u>yes</u>	DEATH OCCURRED AT THE PLACE, ON THE (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. <u>7:40 AM</u>	
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.		HOUR OF DEATH <u>7:40 A.M.</u>	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22b. <u>11 6 1976</u>	HOUR <u>7:40 A.M.</u>	
CERTIFIER—NAME (TYPE OR PRINT) 23a. <u>R. J. Salisbury M.D.</u>		SIGNATURE 23b. <u>R J Salisbury</u>	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR) 23c. <u>11 12 76</u>	
MAILING ADDRESS—CERTIFIER 23d.		STREET OR R.F.D. NO. <u>P.O. Box 775</u>	CITY OR TOWN <u>Mt. Sterling Ky</u>	STATE	ZIP <u>40353</u>
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>	CEMETERY OR CREMATORY—NAME 24b. <u>Jones Cem.</u>		LOCATION CITY OR TOWN STATE 24c. <u>Salt Lick, Ky</u>		
DATE (MONTH, DAY, YEAR) 24d. <u>Nov. 2 76</u>	FUNERAL DIRECTOR—SIGNATURE 25a. <u>Wm. Doull</u>		ADDRESS (ZIP CODE) <u>Salt Lick 40311 Ky</u>		
NAME OF EMBALMER 25b. <u>Roy Lounce</u>		(LIC. NO.) <u>3635</u>	REGISTRAR—SIGNATURE 26a. <u>Della Riddell</u>	DATE RECEIVED BY LOCAL REGISTRAR 26b. <u>11-17-76</u>	

The information given above was copied from the certificate of death which was filed with me for transmittal to the State Department of Health for registration as provided by KRS 213. Certified copies of the official death certificate may be obtained from the Office of Vital Statistics, State Department of Health, 275 East Main Street, Frankfort, Kentucky, for a fee of \$2.00

5-9-77

Date

Bath

County Health Department

By:

Lena R. Brooks

Local Registrar

Deputy Registrar

Owingsville

Kentucky

Form VS-105 (Rev. 1/68)