

# Registrar of Vital Statistics

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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 <b>60-1235</b>
Registration District No. <b>880</b>		Primary Registration District No. <b>6621</b>		
1. PLACE OF DEATH a. COUNTY <b>Letcher</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Ky.</b> b. COUNTY <b>Letcher</b>		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Whitesburg</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Whitesburg</b>	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sandlick</b>		d. STREET ADDRESS <b>Sandlick</b>		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessee</b> b. (Middle) c. (Last) <b>Caudill</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1/20/1960</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>11/13/1874</b>	9. AGE (in years last birthday) <b>85</b> If Under 1 Year: Months <b>2</b> Days <b>7</b> If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self 00</b>		11. BIRTHPLACE (State or foreign country) <b>Letcher County, Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Dickson Caudill</b>		
14. MOTHER'S MAIDEN NAME <b>Nancy Caudill</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Ivo Caudill, son</b>		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		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) <b>apx 331X</b>		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 <b>8:30</b> Month, Day, Year <b>1/20/60</b> a. m. p. m.		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 <b>1/20</b> , 19 <b>60</b> , to <b>1/25/60</b> , 19 <b>60</b> , that I last saw the deceased alive on <b>1/20/60</b> , 19 <b>60</b> , and that death occurred at <b>8:30 a. m.</b> , from the causes and on the date stated above.				
23a. DATE SIGNED <b>1/23/60</b>		23b. ADDRESS <b>Whitesburg</b>		23c. SIGNATURE <b>J. E. Carraway, M.D.</b> (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1/22/60</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sandlick Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Whitesburg, Letcher, Ky.</b>		25a. DATE REC'D BY LOCAL REG. <b>1.27.60</b>		
25b. REGISTRAR'S SIGNATURE <b>R.D. Collins</b>		26. FUNERAL DIRECTOR ADDRESS <b>Craft Funeral Home, Whitesburg, Kentucky</b>		



THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT.

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. 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 2 day of December, 2019.

**Paul F. Royce**  
State Registrar