

Registrar of Vital Statistics

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FORM V.S. NO. 1-A
(Rev. 2/88)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
Registrar of Vital Statistics

116 _____
FILE NO.

CERTIFICATE OF DEATH

Registration District No. _____		Primary Registration District No. _____		Registrar's No. 029553	
1. DECEDENTS NAME (First, Middle, Last) Ollie Collins			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) October 27, 1988	
4. SOCIAL SECURITY NO. 405-92-2174	5a. AGE Last Birthday (Years) 85	5b. UNDER 1 YEAR (Months) (Days) 2 27	5c. UNDER 1 DAY (Hours) (Minutes)	6. DATE OF BIRTH (Month, Day, Year) July 30, 1903	7. BIRTHPLACE (City/State or Foreign Country) Letcher County, Kentucky 415
DECEDENT	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO	9a. PLACE OF DEATH (Check only one) HOSPITAL			OTHER
	<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	9b. FACILITY NAME (If not institution, give street and number) 102 Bach Ct. (Residence) 92	9c. CITY, TOWN, OR LOCATION OF DEATH Whitesburg	9d. COUNTY OF DEATH Letcher 067	
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired) House Keeper	12b. KIND OF BUSINESS/INDUSTRY Domestic		
13a. RESIDENCE - STATE Kentucky	13b. COUNTY Letcher 067	13c. CITY, TOWN, OR LOCATION Whitesburg	13d. STREET AND NUMBER 102 Bach Court		
13e. INSIDE CITY LIMITS? (Yes or No) YES	13f. ZIP CODE 41858	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15. RACE - American Indian, Black, White, etc. (Specify) White 1	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/Secondary (0-12) 6 College (1-4 or 5+) 06	
PARENTS	17. FATHER'S NAME (First, Middle, Last) Joseph E. Caudill		18. MOTHER'S NAME (First, Middle Maiden Surname) Katherine (Caudill) Adams		
INFORMANT	19a. INFORMANT'S NAME (Type/Print) Valma Day (Daughter)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 821 Prinston Drive, New Whiteland, Indiana 6184		
DISPOSITION	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) Sandlick Cemetery	20c. LOCATION - (City, Town or State) Whitesburg, Kentucky		
CERTIFIER	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) Perry Fowler	21b. NAME AND ADDRESS OF FACILITY Everidge Funeral Home	21c. ADDRESS OF FACILITY 130 West Main St. Whitesburg, Kentucky 41858		
23a. To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title Robert A. Campbell, Dep. Coroner 2	23b. DATE SIGNED (Month, Day, Year) 10/31/88				
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Robert A. Campbell, 129 West Main Street, Whitesburg, Ky. 41858					
25. TIME OF DEATH 6 P. M.	26. DATE PRONOUNCED DEAD (Month, Day, Year) October 27, 1988	27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) yes, deputy coroner			
CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the 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. Myocardial Infarction	Approximate interval between onset and death. immediate			
	a. DUE TO (OR AS A CONSEQUENCE OF):				
	b. DUE TO (OR AS A CONSEQUENCE OF):				
	c. DUE TO (OR AS A CONSEQUENCE OF):				
	d. DUE TO (OR AS A CONSEQUENCE OF):				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or 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"/> Could not be determined <input type="checkbox"/> Homicide	30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY	30c. INJURY AT WORK? (Yes or No) M	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)			
REGISTRAR	31. REGISTRAR'S SIGNATURE Robert N. Newton	32. DATE FILED (Month, Day, Year) NOV 01 1988			



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 13th day of July, 2016.

Paul F. Royce
State Registrar