

Registrar of Vital Statistics

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COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HUMAN RESOURCES FILE NO. 116 78 18110
REGISTRAR OF VITAL STATISTICS
CERTIFICATE OF DEATH REGISTRAR'S NO. 90

Registration District No. 1125 Primary Registration District No. 2450

1. DECEASED—NAME FIRST MIDDLE LAST Bessie B. Duncan		2. SEX Female	3. DATE OF DEATH (MONTH, DAY, YEAR) July 7, 1978
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY) White	5a. AGE—LAST BIRTHDAY (YEARS) 90	5b. UNDER 1 YEAR MOG. DAYS	5c. UNDER 1 DAY HOURS MIN.
6. CITY, TOWN, OR LOCATION OF DEATH Hartford		7a. OHIO COUNTY HOSPITAL	7b. OHIO
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Ky	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Bethel Duncan
12. SOCIAL SECURITY NUMBER 405-12-9627A	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		13b. KIND OF BUSINESS OR INDUSTRY
14a. RESIDENCE—STATE Ky	14b. COUNTY Ohio	14c. CITY, TOWN, OR LOCATION Beaver Dam	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes

15. FATHER—NAME FIRST MIDDLE LAST Gid Heflin	16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mollie Brown
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17a. INFORMANT—NAME Bethel Duncan	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 727 W. Second St. Beaver Dam, Ky. 4230
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PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE 4123 ASKD - Complete Heart block c	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	
(b) asystole	
(c)	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Semility - Generalized AS.

19. AUTOPSY (Yes or No) **no**

20. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)

20a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	20b. DATE OF INJURY (MONTH, DAY, YEAR) HOUR	20c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
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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)
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21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	21b. MONTH DAY YEAR 1955 TO 7-7-78	21c. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 7-7-78	21d. I DID/DID NOT VIEW THE BODY AFTER DEATH did	21e. DEATH OCCURRED AT THE PLACE, OR THE DATE, PRV. TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 6:45PM
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22a. 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.	22b. HOUR OF DEATH 6:45A M.	22c. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 7 - 7. 78	22d. HOUR 6:45A M.
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23a. CERTIFIER—NAME (TYPE OR PRINT) D.C. Bennett	23b. SIGNATURE <i>D.C. Bennett</i>	23c. DIGITS OR TITLE MD	23d. DATE SIGNED (MONTH, DAY, YEAR) 7-11-78
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24a. MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	24b. CEMETERY OR CREMATORY—NAME Sunnyside Cem.	24c. LOCATION Beaver Dam, Ky.
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24d. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24e. DATE (MONTH, DAY, YEAR) July 9, 1978	24f. FUNERAL DIRECTOR—SIGNATURE <i>Hugh E. Work</i>	24g. ADDRESS (ZIP CODE) OF FUNERAL HOME 301 Liberty St. Hartford, Ky. 42347
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25a. NAME OF FUNERAL HOME Duke Funeral Homes, Inc.	25b. REGISTRAR'S SIGNATURE <i>Bessie Lynn Hurstley</i>	25c. DATE RECEIVED BY LOCAL REGISTRAR RECD 11/1 4 1978
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4299-4409

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I, Robert N. Hurst III, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth/death 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 13 day of Mar, 19 90 RD

Robert N. Hurst III
Robert N. Hurst III, State Registrar