

Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FORM V.S. NO. T-4
REV. 1-50
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
REGISTRAR'S NO. 4112

64 15508

Registration District No. 755 X Primary Registration District No. 2276

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Ohio	
b. CITY (If outside corporate limits, write RURAL and give township) Louisville		c. CITY OR TOWN Rockport	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunset Nursing Home		d. STREET ADDRESS RFD	
3. NAME OF DECEASED (Type or Print) a. (First) FINIS b. (Middle) c. (Last) ROWE		4. DATE OF DEATH (Month) (Day) (Year) 7 4 64	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 16, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 87
11. BIRTHPLACE (State or foreign country) Ohio County, Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William I. Rowe		14. MOTHER'S MAIDEN NAME Martha Baker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. Spanish-American	17. INFORMANT Mr. Frank Rowe	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> 331X DUE TO (b) <u>As ferus sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year 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 <u>June 2, 1963</u> to <u>7-3-1964</u> , that I last saw the deceased alive on <u>7-2-1964</u> , and that death occurred at <u>11:30 Am.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>7-8-64</u>	23b. ADDRESS <u>3204 Taylor Blvd Louisville</u>	23c. SIGNATURE (Signature of signer) <u>Dr. Paul W. Crowe D.O.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>July 6, 1964</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Central City, Ky.</u>
25. DATE RECEIVED <u>JUL 16 1964</u>	26. REGISTRAR'S SIGNATURE <u>Ronald C. Nelson</u>	26. FUNERAL DIRECTOR ADDRESS <u>Casebier Funeral Home Beaver Dam, Ky.</u>	

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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 15 day of Mar, 19 64

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