

# Registrar of Vital Statistics

## Certified Copy



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

Form V. S. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		<b>COMMONWEALTH OF KENTUCKY</b> Department of Health BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b>		<b>51 10623</b> FILE NO. <u>116</u> REGISTRAR'S NO. <u>59</u>
Registration District No. <u>1125</u>		Primary Registration District No. <u>7611</u>		
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Chio</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Chio</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prentiss</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prentiss</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)		d. STREET ADDRESS (If rural, give location)		
<b>3. NAME OF DECEASED</b> a. (First) <u>Fred</u> b. (Middle) <u>Renfrow</u> c. (Last) <u>Renfrow</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4 27 51</u>		
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 31, 1904</u>	
		9. AGE (In years last birthday) <u>47</u>		If Under 1 Year: Months <u>3</u> Days <u>23</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>11</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Butler County, Kentucky</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>		<b>13. FATHER'S NAME</b> <u>Starlin Renfrow</u>		
<b>14. MOTHER'S MAIDEN NAME</b> <u>Susan Blunk</u>		<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		
<b>16. SOCIAL SECURITY NO.</b> <u>17222 Fred Renfrow</u>		<b>17. INFORMANT</b> <u>17222 Fred Renfrow</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Heart Attack</u>		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4343-082-17</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT (Specify)</b> SUICIDE HOMICIDE		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg. etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from</b> <u>2</u> , 19 <u>51</u> , to <u>2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2</u> , 19 <u>51</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.				
<b>23a. DATE SIGNED</b>		<b>23b. ADDRESS</b> <u>Chowell 741</u>		<b>23c. SIGNATURE</b> (Degree or title) <u>D. W. Whittington</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>4-29-51</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Christian Home</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Butler Co. Ky.</u>		<b>25a. DATE REC'D BY LOCAL REG.</b> <u>5-10-51</u>		
<b>25b. REGISTRAR'S SIGNATURE</b> <u>Bessie L. Henley</u>		<b>26. FUNERAL DIRECTOR</b> ADDRESS <u>C. L. Caserio, 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 13 day of Feb, 19 90 J.D.

Robert N. Hurst III, State Registrar