

Registrar of Vital Statistics

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

FORM V.S. NO. 1-A
(REV. 1/68)

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
7 9 5
REGISTRAR'S NO. 2044
74 9074
REGISTRATION DISTRICT NO. 2 2 7 5
PRIMARY REGISTRATION DISTRICT NO.

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Owen C. Flood					2. Male	3. Mar 27, 1974	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 54	5b. MOS. DAYS	5c. HOURS MIN.	6. Jan 13, 1920		7a. Jefferson
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Louisville		7c. yes	7d. Jewish Hospital 02				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Ky.		9. U.S.A.		10. Married		11. Loyce M. Flood	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)					
12. 405-26-8937		13a. Farmer					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Ky.		14b. Henry	14c. Campbellsburg		14d. no	14e. R-1	
FATHER—NAME				MOTHER—MAIDEN NAME			
15. Marion Flood				16. Fannie Harris			
INFORMANT—NAME				MAILING ADDRESS			
17a. Mrs Loyce M. Flood (Wife)				17b. R-1 Campbellsburg, Ky.			
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. 4109		(a) Acute Myocardial Infarction				4 Days	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) - DUE TO, OR AS A CONSEQUENCE OF:					
		(c) - DUE TO, OR AS A CONSEQUENCE OF:					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
19a. yes		19b. yes					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.	20b.	20c.	20d.				
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.	20f.	20g.					
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM 9 - 10 - 73 TO 21b. 3 - 27 - 74		21c. 3 - 27 - 74	21d. DID	21e. 11:30 AM			
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.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)	
22a.		M. 21b.		M.		M.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Kramer & Gordon M.D.		23b.		23c. 4 - 15 - 74			
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23d.		746 Lincoln Federal Bldg.		Louisville, Ky.		40202	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION			
24a. Burial		24b. Port Royal Cemetery		24c. Port Royal, Ky.			
DATE (MONTH, DAY, YEAR)		FUNERAL DIRECTOR—SIGNATURE		ADDRESS (ZIP CODE)			
24d. Mar 29, 1974		25a. Prewitts		24e. New Castle, Ky. 40050			
NAME OF EMBALMER		(LIC. NO.)		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25b. Wm G. Prewitt, Jr. 3622				25c.		25d. APR 18 1974	

DECEASED

USUAL RESIDENCE WHEN DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

MAY 15 1974



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

I, Barbara F. White, State 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 7 day of Nov, 1974.

Barbara F. White

Barbara F. White, State Registrar