

COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116 61 22563  
REGISTRAR'S NO. 129

Registration District No. 1103 Primary Registration District No. 2440

1. PLACE OF DEATH & COUNTY <u>NELSON</u>		2. USUAL RESIDENCE & STATE <u>KY</u>		3. COUNTY <u>LARUE</u>	
5. CITY OR TOWN <u>NELSON</u>	6. LENGTH OF STAY (in this place) <u>1 year</u>	7. CITY OR TOWN <u>HOMENVILLE</u>	8. RESIDENCE ON A FARM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
4. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEASE</u>		9. STREET ADDRESS <u>01</u>		10. RESIDENCE IN CITY UNITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
1. NAME OF DECEASED (Type or Print) <u>PEASE</u>		3. DATE OF DEATH <u>JOE 3/19/61</u>		4. SEX <u>M</u>	
2. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>3-24-10</u>	9. AGE (in years last birthday) <u>51</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
12. USUAL OCCUPATION <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>KY</u>		13. FATHER'S NAME <u>T. BOONE PEASE</u>	
14. MOTHER'S MAIDEN NAME <u>DELLA GREENWELL</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No</u>		16. SOCIAL SECURITY NO. <u>123-45-6789</u>	
17. INFORMANT <u>MRS HELEN H PEASE</u>		18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>HEART ATTACK - EMERGENCY</u> DUE TO (b) <u>HEART ATTACK - Sudden</u> DUE TO (c) <u>HEART ATTACK - Sudden</u>			

19. ACCIDENT		20a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)		21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20b. TIME OF INJURY M. A. M. P. M.		20c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)		20d. CITY, TOWN, OR LOCATION COUNTY STATE	
20e. INJURY OCCURRED WHILE AT WORK? YES <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>2-19-61</u> to <u>3-19-61</u> , that I last saw the deceased alive on <u>3-19-61</u> , and that death occurred at <u>2:30 P.M.</u> from the causes and on the date stated above.			

23a. DATE SIGNED <u>3-20-61</u>	23b. ADDRESS <u>WINSTON</u>	23c. SIGNATURE <u>[Signature]</u>	23d. NAME OF CEMETERY OR CREMATORY <u>ST. CATHERINE'S CEMO</u>	23e. LOCATION (City, town, or county) <u>NEW HAVEN KY</u>
24a. DATE OF BURIAL <u>10/9/61</u>	24b. DATE OF INTERMENT <u>10/9/61</u>	24c. FUNERAL DIRECTOR <u>Donnie R. Pease</u>	24d. ADDRESS <u>123 Main St. New Haven, Ky.</u>	