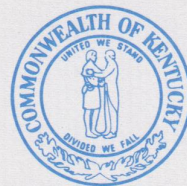


# Registrar of Vital Statistics

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FORM V.S. NO. T-A  
REV. 1-55  
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. 102

Registration District No. 380 Primary Registration District No. 2130

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE a. STATE <u>Ky</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Albany, Ky.</u>		c. LENGTH OF STAY (in this place) <u>3 hrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cl. County Wm. Wm. Hosp</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <u>DARWIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24 1964</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 19 1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>24</u>
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Bob Beath</u>		14. MOTHER'S MAIDEN NAME <u>Malinda Smith</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Betty Sue Beatty</u>		18. CAUSE OF DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>8880 Poison from</u>		MEDICAL CERTIFICATION	
DUE TO (b) <u>ingestive. Poison Solution</u>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c) <u>Solution Unknown.</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>It was stated for drunk poison</u>		21b. TIME OF INJURY Hour <u>1:30</u> Month, Day, Year <u>12 24 1964</u>	
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21e. CITY, TOWN, OR LOCATION <u>RT-1 - Albany, Ky.</u>		COUNTY STATE	
22. I hereby certify that I attended the deceased from <u>Dec 24 1964</u> to <u>Dec 24 1964</u> , that I last saw the deceased alive on <u>Dec 24 1964</u> , and that death occurred at <u>4:44 P.M.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>12-28-1964</u>		23b. ADDRESS <u>Albany, Ky.</u>	
23c. SIGNATURE <u>J. J. Hay</u> (Degree or title) <u>M.D.</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-26-64</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maurice cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Ky.</u>		25a. DATE REC'D BY LOCAL REG. <u>12-30-64</u>	
25b. REGISTRAR'S SIGNATURE <u>G. L. Kupchinsky</u>		26. FUNERAL DIRECTOR <u>Donald H. ... Albany, Ky</u>	



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

I, Gary L. Kupchinsky, 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

20 04 S.D.

22 day of April  
Gary L. Kupchinsky  
Gary L. Kupchinsky, State Registrar