

Registrar of Vital Statistics

Certified Copy



COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR HEALTH SERVICES

FILE NO. 116

REGISTRAR OF VITAL STATISTICS

REGISTRAR'S NO.

2090

CERTIFICATE OF DEATH

Registration District No. 755

Primary Registration District No. 2275

1. DECEASED—NAME FIRST MIDDLE LAST EVA RENFROW		SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) APRIL 1, 1985		
2. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) WHITE	3. AGE—LAST BIRTHDAY (YEARS) 78	4. UNDER 1 YEAR MOS. DAYS	5. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) JULY 16, 1906	7. COUNTY OF DEATH JEFFERSON
8. CITY, TOWN, OR LOCATION OF DEATH LOUISVILLE		9. INSIDE CITY LIMITS (SPECIFY YEAR OR MO) YES	10. HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) STS MARY & ELIZ HOSP		11. IF HOSP. OR INST. Indicate ODA, PDA, or MDA INDISPICENT
12. STATE OF BIRTH (if not in U.S.A., NAME COUNTRY) KY	13. CITIZEN OF WHAT COUNTRY USA		14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED		15. SURVIVING SPOUSE (if wife, give MAIDEN NAME)
16. SOCIAL SECURITY NUMBER		17. USUAL OCCUPATION (give kind of work done during most of WORKING LIFE, EVEN IF RETIRED) HOUSEWIFE		18. KIND OF BUSINESS OR INDUSTRY HOME	
19. RESIDENCE—STATE KY	20. COUNTY JEFFERSON	21. CITY, TOWN, OR LOCATION Shively	22. ZIP 40215	23. INSIDE CITY LIMITS (SPECIFY YEAR OR MO) Yes	24. STREET AND NUMBER 2305 ROCKFORD LANE
25. FATHER—NAME FIRST MIDDLE LAST FINIS ROWE		26. MOTHER—MAIDEN NAME FIRST MIDDLE LAST BESSIE HEFLIN		27. INFORMANT—NAME 17a. MR. RAYMOND RENFROW	
28. MAILING ADDRESS 2305 ROCKFORD LANE		29. STREET OR R.F.D. NO., CITY OR TOWN, STATE—ZIP LOU., KY 40216			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(a) <i>ASHO - CHF class IV</i>					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <i>DM II Peripheral Arteries</i>			
		(c) <i>chronic obliem</i>			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (SPECIFY IN PART I.)		19a. AUTOPSY (Yes or No) No	19b. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) No	19c. WAS THERE A PREGNANCY IN LAST 60 DAYS (YES, NO, UNK.) No	
20a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
21a. INJURY AT WORK (SPECIFY YES OR NO)	21b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	21c. LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
22. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		23. MONTH DAY YEAR	24. TO MONTH DAY YEAR	25. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	26. I DID/DID NOT VIEW THE BODY AFTER DEATH.
27. 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.		28. MONTH DAY YEAR	29. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR	30. HOUR	31. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
32. CERTIFIER—NAME (TITLE OR PRINT) <i>John L. Wal Foe M.D.</i>		33. SIGNATURE <i>John L. Wal Foe</i>		34. DIGRAPH OR TITLE	35. DATE SIGNED (MONTH, DAY, YEAR) 4/8/85
36. MAILING ADDRESS—CERTIFIER <i>1900 Bluegrass Ave</i>		37. STREET OR R.F.D. NO.	38. CITY OR TOWN	39. STATE	40. ZIP
41. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	42. CEMETERY OR CREMATORY—NAME CHRISTIAN HOME CEMETERY		43. LOCATION	44. CITY OR TOWN	45. STATE
46. DATE 4-4-85	47. FUNERAL DIRECTOR—SIGNATURE <i>W.G. Hardy</i>		48. ADDRESS (ZIP CODE) OF FUNERAL HOME 101 DIXIE HIGHWAY	49. CITY OR TOWN LOU., KY 40216	
50. NAME OF FUNERAL HOME W.G. HARDY		51. REGISTRAR SIGNATURE <i>Omar L. Greeman</i>		52. DATE RECEIVED BY LOCAL REGISTRAR APR 11 1985	

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of 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 11 day of Apr, 1985.

133606

Fee Control Number

Omar L. Greeman

Omar L. Greeman, State Registrar