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Mary Ann 3437 Jewett St March 1963

FILED

COMMONWEALTH OF KENTUCKY
State Department of Health, Frankfort, Ky. BUREAU OF VITAL STATISTICS
NO. 2067
CERTIFIED PHOTOSTATIC COPY OF
DEATH RECORD

FORM V. S. NO. 1-A
REV. 1-56
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. 49

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY FLEMING		2. USUAL RESIDENCE a. STATE IND b. COUNTY LAKE	
b. CITY OR TOWN RFD 3 FLEMINGSBURG		c. LENGTH OF STAY 73 day	
d. FULL-NAME OF HOSPITAL OR INSTITUTION		e. CITY OR TOWN HIGHLAND	
f. STREET ADDRESS 3939 JEWETT		g. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (First) LONNIE b. (Middle) Documention c. (Last) ISON		4. DATE OF DEATH (Month) (Day) (Year) AUG 26 1961	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, Documention	8. DATE OF BIRTH MARCH 21 1919
9. AGE (in years last birthday) 42	10. UNDER 1 YEAR (Months) 5	11. UNDER 64 YRS (Months) 5	12. CITIZEN OF USA COUNTRY?
10a. USUAL OCCUPATION STEEL WORKER		10b. KIND OF BUSINESS OR INDUSTRY STEEL WORKER	
13. FATHER'S NAME ANTHONY ISON		14. MOTHER'S MAIDEN NAME MARY THOMPSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT MRS MARY ISON		18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRIMARY THROMBOSIS CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) _____ STATE THE UNDERLYING CAUSE (c) _____ 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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
21a. TIME OF INJURY _____		21b. PLACE OF INJURY _____	
21c. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21d. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. DATE SIGNED 8-25-61	23b. ADDRESS Flemingsburg, Ky.	23c. SIGNATURE Glenn H. ... (Coroner)	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUGUST 29 1961	24c. NAME OF CEMETERY OR CREMATORY ISON CEMETARY	24d. LOCATION (City, town, or county) MOON CO, KY MORGAN CO, KY
25a. DATE REC'D BY LOCAL REG 8/29/61	25b. REGISTRAR'S SIGNATURE Ruby A. ...	25c. FUNERAL DIRECTOR BOONE FUNERAL HOME FLEMINGSBURG KY	

I, Strawn W. Taylor, State Registrar, hereby certify the above to be a true photostatic copy of the original death certificate of the person therein named.

Signed, and seal of the State Department of Health affixed this 17 day of _____, 1961

W. R. Zimmerman
St 3 bl 1 #27-237-3
Strawn W. Taylor
State Registrar