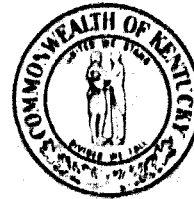


Registrar of Vital Statistics

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FORM VS NO. 1-A
(Rev. 11/91)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116

FILE NO.

CERTIFICATE OF DEATH

Report No. **02982**

MUST
BE
TYPED

ACCIDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

FINAL ACCEPTANCE FOR TRANSFER

REGISTRY

1. DECEDENT'S NAME (First, Middle Last) EDWARD WILLARD SPRINGS				2. SEX M	3. DATE OF DEATH (Month, Day, Year) JANUARY 31, 1994
4. SOCIAL SECURITY NO. 306-10-6538	5a. AGE Last Birthday (Years) 78	5b. UNDER 1 YEAR (Months) (Days) (Hours) (Minutes)	5c. UNDER 1 DAY (Hours) (Minutes)	6. DATE OF BIRTH (Month, Day, Year) FEBRUARY 10, 1916	7. BIRTHPLACE (City/Town or Foreign Country) KUTTAWA, KENTUCKY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) YES		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Trauma <input type="checkbox"/> Outpatient <input type="checkbox"/> POA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) CENTRAL BAPTIST HOSPITAL LEXINGTON			9b. CITY, TOWN, OR LOCATION OF DEATH FAYETTE		
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) FRANCES STOVALL	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not include retired) SALESMAN		12b. KIND OF BUSINESS/INDUSTRY REAL ESTATE	
13a. RESIDENCE - State KY	13b. COUNTY FAYETTE	13c. CITY, TOWN, OR LOCATION LEXINGTON	13d. STREET AND NUMBER 3500 PEPPERWOOD PLACE		
15a. INSIDE CITY LIMITS? (Yes or No) YES	15b. ZIP CODE 40503	14. WAS DECEDENT OF FOREIGN BIRTH? (Specify No or Yes - If yes, specify Cuban, American, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. DECEDENT'S EDUCATION (Specify only highest grade completed) WHITE	
17. FATHER'S NAME (First, Middle Last) AL SPRINGS			18. MOTHER'S NAME (First, Middle, Maiden Surname) EFFIE CHAMPION		
19a. INFORMANT'S NAME FRANCES S. SPRINGS			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3500 PEPPERWOOD PL., LEXINGTON, KY 40503		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MT. ZION CEMETERY		20c. LOCATION - (City, Town or State) KUTTAWA, KY	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (If person acting as such) <i>Kevin R. Ward</i>			21b. NAME AND ADDRESS OF FACILITY DUNN'S FUNERAL HOME P.O. BOX 547, EDDYVILLE, KENTUCKY 42038		
23a. To the best of my knowledge, death occurred at the time, date and place and due to the undersigned <i>Edward Willard Springs</i>			23b. DATE SIGNED (Month, Day, Year) <i>2/1/94</i>		
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STATEMENT Barbara F. White					
25. TIME OF DEATH M		26. DATE PRONOUNCED DEAD (Month, Day, Year) M		27. VISA CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)	
28. PART I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause of death. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Cardiac Arrest</i> DUE TO (OR AS A CONSEQUENCE OF): b. <i>Sepsis</i> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____					
PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.			28a. WAS AUTOPSY PERFORMED? (Yes or No)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No)
29. DATE OF INJURY (Month, Day, Year)					
30a. TIME OF INJURY M					
30b. INJURY AT WORK? (Yes or No)		30c. DESCRIBE HOW INJURY OCCURRED			
30d. PLACE OF INJURY - At home, farm street, factory, office building, etc. (Specify)			30e. LOCATION (Street and number or Rural Route Number, City or Town)		

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STATE OF KENTUCKY
 LAKE COUNTY
 FILED FOR RECORD
 95 JAN 19 AM 9:08 BY
 AMASA G. COLBY
 CHIEF DEPT. RECORDER

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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 28th day of Feb, 1994

Barbara F. White
Barbara F. White, State Registrar