



Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FORM VS NO. 1A
(Rev. 9/88)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116

FILE NO.

CERTIFICATE OF DEATH

Registrar's No. **24828**

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **24828**

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) John Witherspoon Guess			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) September 26, 1992		
4. SOCIAL SECURITY NO. 400-22-3708		5a. AGE Last Birthday (Years) 76	5b. UNDER 1 YEAR (Months) (Days)	5c. UNDER 1 DAY (Hours) (Minutes)	6. DATE OF BIRTH (Month, Day, Year) Oct. 24, 1915		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes			7. BIRTHPLACE (City/State or Foreign Country) Tolu, Ky.				
9a. FACILITY NAME (If not institution, give street and number) Tolu			9b. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9c. COUNTY OF DEATH Crittenden		
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Blanche Butler		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired) Owner		12b. KIND OF BUSINESS/INDUSTRY Trucking Co.	
13a. RESIDENCY - State Kentucky		13b. COUNTY Crittenden		13c. CITY, TOWN, OR LOCATION Tolu		13d. STREET AND NUMBER Tolu	
13a. INSIDE CITY LIMITS? (Yes or No) Yes		13f. ZIP CODE 42084		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) One		17. FATHER'S NAME (First, Middle, Last) John Mentor Guess		18. MOTHER'S NAME (First, Middle, Maiden Surname) Lena Terry		19. INFORMANT'S NAME (Type/Print) Blanche Guess	
19a. INFORMANT'S NAME (Type/Print) Blanche Guess		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Tolu, Ky. 42084		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 (Names of cemetery, crematory, or other place) Mapleview Cemetery	
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 (Names of cemetery, crematory, or other place) Mapleview Cemetery		20c. LOCATION - (City, Town or State) Marion, Ky.		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) Frank Blackburn	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) Frank Blackburn		21b. NAME AND ADDRESS OF FACILITY Gilbert Funeral Home		21c. ADDRESS OF FACILITY 117 W. Bellville Marion, Ky. 42064		23a. DATE SIGNED (Month, Day, Year) 10-1-92	
23a. DATE SIGNED (Month, Day, Year) 10-1-92		24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Harry W. Carliss, M.D., 225 Medical Center Dr., Paducah, Ky. 40303		25. TIME OF DEATH 9 A.M.		26. DATE PRONOUNCED DEAD (Month, Day, Year) September 26, 1992	
25. TIME OF DEATH 9 A.M.		26. DATE PRONOUNCED DEAD (Month, Day, Year) September 26, 1992		27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? No		28. PART I. Enter the diseases, injuries, 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 on each line. metastasis DUE TO (OR AS A CONSEQUENCE OF): Prostate Carcinoma DUE TO (OR AS A CONSEQUENCE OF): PETER BENJAMIN LAKE COUNTY AUDITOR	
28. PART I. Enter the diseases, injuries, 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 on each line. metastasis DUE TO (OR AS A CONSEQUENCE OF): Prostate Carcinoma DUE TO (OR AS A CONSEQUENCE OF): PETER BENJAMIN LAKE COUNTY AUDITOR		28a. WAS AUTOPSY PERFORMED? (Yes or No) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No)		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide	
28a. WAS AUTOPSY PERFORMED? (Yes or No) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No)		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Month, Day, Year)	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY M		30c. INJURY AT WORK? (Yes or No)	
30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY M		30c. INJURY AT WORK? (Yes or No)		30d. DESCRIBE HOW INJURY OCCURRED.	
30b. TIME OF INJURY M		30c. INJURY AT WORK? (Yes or No)		30d. DESCRIBE HOW INJURY OCCURRED.		31. REGISTRAR'S SIGNATURE Robert N. Hurst III	
30c. INJURY AT WORK? (Yes or No)		30d. DESCRIBE HOW INJURY OCCURRED.		31. REGISTRAR'S SIGNATURE Robert N. Hurst III		32. DATE FILED (Month, Day, Year) OCT 07 1992	

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

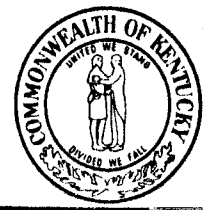
REGISTRAR

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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I, Robert N. Hurst III, 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 7 day of Oct, 19 92

Mail to: William I. Fine, Attorney, 2833 Lincoln Street
Highland, IN 46322

Robert N. Hurst III
Robert N. Hurst III, State Registrar

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