

# Registrar of Vital Statistics

## Certified Copy



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Key # 47-235-1

1-A										COMMONWEALTH OF KENTUCKY									
DEPARTMENT FOR HEALTH SERVICES										FILE NO. 116									
REGISTRAR OF VITAL STATISTICS										REGISTRAR'S NO. 283									
CERTIFICATE OF DEATH										Registration District No. 190 Primary Registration District No. 2085									
DECEASED—NAME										DATE OF DEATH (MONTH, DAY, YEAR)									
1. William Albert COPE										2. Male									
3. Dec. 12, 1985										CITY, TOWN, OR LOCATION OF DEATH									
7a. Murray										7b. Calloway									
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)										AGE—LAST BIRTHDAY (YEARS)									
4. White										5a. 75									
CITY, TOWN, OR LOCATION OF DEATH										DATE OF BIRTH (MONTH, DAY, YEAR)									
7a. Murray										6. Feb. 14, 1910									
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)										CITIZEN OF WHAT COUNTRY									
8. Kentucky										9. U.S.A.									
SOCIAL SECURITY NUMBER										USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)									
12. 404-22-0066										13a. Owner & Operator, ret.									
RESIDENCE—STATE										KIND OF BUSINESS OR INDUSTRY									
14a. Kentucky										13b. Retail Grocery Store									
FATHER—NAME										MOTHER—MAIDEN NAME									
15. Enos Cope										16. Amy C. Smotherman									
INFORMANT—NAME										MAILING ADDRESS									
17a. Mrs. Dora Cope										17b. Route 5 - Box 539 Murray, Ky. 42071									
PART I. DEATH WAS CAUSED BY:										ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)									
18. (a) Myocardial infarction										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST										DUE TO, OR AS A CONSEQUENCE OF:									
(b) ASCVD										DUE TO, OR AS A CONSEQUENCE OF:									
(c)										DUE TO, OR AS A CONSEQUENCE OF:									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)										AUTOPSY (Yes or No)									
19a.										19b.									
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)										DATE OF INJURY (MONTH, DAY, YEAR)									
20a.										20b.									
INJURY AT WORK (SPECIFY YES OR NO)										HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I, ITEM '18)									
20c.										20d.									
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)										LOCATION									
20e.										20f.									
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.										22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.									
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)										22b. PRONOUNCED DEAD (Mo., Day, Yr.)									
21c. HOUR OF DEATH										22c. PRONOUNCED DEAD (Type or Print)									
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)										22d. AT									
23. John R. Quertermous 205 South 8th St. Murray, Ky. 42071										22e. ON									
BURIAL, CREMATION, REMOVAL (SPECIFY)										CEMETERY OR CREMATORY—NAME									
24a. Burial										24b. Barnett Cemetery									
DATE (MONTH, DAY, YEAR)										LOCATION									
24d. Dec. 15, 1985										24c. Murray, Ky.									
NAME OF FUNERAL HOME										FUNERAL DIRECTOR—SIGNATURE									
25b. Blalock-Coleman Funeral Home, Inc.										25a. Betty D. Coleman									
REGISTRAR—SIGNATURE										ADDRESS (ZIP CODE) OF FUNERAL HOME									
26a. Omar L. Greeman										P. O. Box 43 - Murray, Ky. 42071									
DATE RECEIVED BY LOCAL REGISTRAR										26b. 12-16-85									

Document is the property of the Lake County Recorder!

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

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth/death of the person therein named, and that the original certificate is registered under the file number of \_\_\_\_\_ testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed to this copy on this \_\_\_\_\_ day of \_\_\_\_\_, 1985.

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

Omar L. Greeman  
Omar L. Greeman, State Registrar

U.S. PATENT NOS.  
4227720 4210346  
4285480 4341404  
4310180 4281547  
4227718 4420175

Pearl Williams  
401 Hamlin St  
Gary, IN. 46406

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