

# Registrar of Vital Statistics

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FORM VS NO. 1-A  
(Rev. 5/02)

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH SERVICES  
REGISTRAR OF VITAL STATISTICS

116

FILE NO.

### CERTIFICATE OF DEATH

MUST BE TYPED	1. DECEDENT'S NAME (First, Middle, Last) <b>CARL W. DAVIDSON</b>				2. SEX <b>MALE</b>	3. DATE OF DEATH (Month, Day, Year) <b>FEB. 3, 2006</b>
	4. SOCIAL SECURITY NO. <b>415 48 9433</b>		5a. AGE Last Birthday (Years) <b>72</b>	5b. UNDER 1 YEAR (Months) (Days)	5c. UNDER 1 DAY (Hours) (Minutes)	6. DATE OF BIRTH (Month, Day, Year) <b>FEB. 8, 1933</b>
DECEDENT	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF BIRTH (Check only one) <b>PONTIAC, MISS</b>			
	9b. FACILITY NAME (If not institution, give street and number) <b>MURRAY CALLOWAY CO HOSPITAL</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>MURRAY</b>		9d. COUNTY OF DEATH <b>CALLOWAY</b>	
PARENTS	10. MARITAL STATUS Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>ALMA JEAN HART</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired) <b>FLAME CUTTER</b>	
	12b. KIND OF BUSINESS/INDUSTRY <b>STEEL</b>		13a. RESIDENCE - State <b>KENTUCKY</b>		13b. COUNTY <b>CALLOWAY</b>	
INFORMANT	13c. CITY, TOWN, OR LOCATION <b>NEW CONCORD</b>		13d. STREET AND NUMBER <b>420 DUNBAR ROAD</b>			
	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <b>42076</b>		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	
DISPOSITION	15. RACE - American Indian, Black, White, etc. (Specify) <b>WHITE</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> <b>NA</b>			
	17. FATHER'S NAME (First, Middle, Last) <b>JAMES C. DAVIDSON</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>SINA S. BIEBLE DAVIDSON</b>	
CERTIFIER	19a. INFORMANT'S NAME <b>ALMA JEAN DAVIDSON</b>				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>420 DUNBAR RD. NEW CONCORD, KY 42076</b>	
	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) <b>NEW CONCORD CEMETERY</b>		20c. LOCATION (City, Town, or State) <b>NEW CONCORD, KY</b>	
CAUSE OF DEATH	21. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <i>Mr. Terry Shaeffer</i>				22. NAME AND ADDRESS OF FACILITY <b>THE CHURCHILL FUNERAL HOME 207 SOUTH THIRD STREET MURRAY, KY 42071</b>	
	23a. To the best of my knowledge, death occurred at the time, date, place and due to the causes stated				23b. DATE SIGNED (Month, Day, Year) <b>2-7-06</b>	
FILED	24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) <b>RICKY GARLAND, DEP. CORONER MURRAY, KY 42071</b>					
	25. TIME OF DEATH <b>12:20 A.M.</b>		26. DATE PRONOUNCED DEAD (Month, Day, Year) <b>FEB. 3, 2006</b>		27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
REGISTRAR'S SIGNATURE	28. PART I. Enter the diseases, injuries, or complications that caused 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Acute MI</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>Sudden</b> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST c. d. PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.				28a. If female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	28b. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28c. Were autopsy findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28d. Was Diabetes an immediate, underlying, or contributing cause of or condition leading to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LAKE COUNTY AUDITOR	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"/> Homicide <input type="checkbox"/> Could not be determined		30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY	
	30c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30d. DESCRIBE HOW INJURY OCCURRED		30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
31. LOCATION (Street and Number or Rural Route Number, City or Town)				32. DATE FILED (Month, Day, Year) <b>FEB 14 2006</b>		

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STATE OF KENTUCKY  
LAKE COUNTY  
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I, Gary L. Kupchinsky, 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 whereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 06 day of February, 2006.

Gary L. Kupchinsky, State Registrar