

Registrar of Vital Statistics

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FORM VS. NO. 1-A
(Rev. 8/83)

COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

FILE NO. 116 85 31451

CERTIFICATE OF DEATH

REGISTRAR'S NO. 7233

Registration District No. 755 Primary Registration District No. 2275

1. DECEASED—NAME FIRST MIDDLE LAST Beverly Ray Hutcheson		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) November 27, 1985	
4. RACE (SPECIFY) white	5a. AGE—LAST BIRTHDAY (YEARS) 78	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) Nov. 13, 1907
7b. CITY, TOWN, OR LOCATION OF DEATH Louisville		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	7d. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Jewish Hospital	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Kentucky		9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Willie Edna Trent		12. SOCIAL SECURITY NUMBER A704-03-6454		
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired-Assistant Treasurer		13b. KIND OF BUSINESS OR INDUSTRY L. & N. Railroad		
14a. RESIDENCE—STATE Kentucky	14b. COUNTY Jefferson	14c. CITY, TOWN, OR LOCATION Louisville	14d. ZIP 40207	14e. STREET AND NUMBER 311 Ring Road
15. FATHER—NAME FIRST MIDDLE LAST Lloyd Ray Hutcheson		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST DNK Gwaltney		
17a. INFORMANT—NAME Mrs. Willie Edna Hutcheson		17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 311 Ring Road—Louisville, KY. 40207		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				
18. IMMEDIATE CAUSE 410X (a) <i>Arterio Sclerosis, An.</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) <i>auto ME</i>				
(c) <i>SB Cong. etc. Press</i>				
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)		19a. AUTOPSY (Yes or No)	19b. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	19c. WAS THERE A PREGNANCY IN LAST 60 DAYS (YES, NO, UNK.)
20a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH 2:23 PM		21b. 12-13-85
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Laman A. Gray, Jr., M.D.; 601 S. Floyd St., #700; Louisville, KY 40202		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. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH M
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Laman A. Gray, Jr.		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. PRONOUNCED DEAD (Hour) M
22d. ON		22e. AT		M
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				
24a. DATE (MONTH, DAY, YEAR) Nov. 30, 1985		24b. CEMETERY OR CREMATORY—NAME Cave Hill Cemetery		24c. LOCATION Louisville, Kentucky
24d. NAME OF FUNERAL HOME Pearson Funeral Home		24e. FUNERAL DIRECTOR'S SIGNATURE Alan Mathews		24f. ADDRESS (ZIP CODE) OF FUNERAL HOME 149 Breckenridge Lane - 40207
24g. REGISTRAR'S SIGNATURE [Signature]		24h. DATE RECEIVED BY LOCAL REGISTRAR DEC 20 1985		

DECEASED
JAL. RES. PRESENCE HERE OF DECEASED (VED. IF BIRTH CURRENTLY SEE STRUCTURES.

PARENTS

CAUSE

CERTIFIER

BURIAL

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 2 day of Jan, 1998.

Barbara F. White
Barbara F. White, State Registrar