

# Registrar of Vital Statistics

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FORM VS. NO. 1A  
(Rev. 9/88)  
**OCT 15 1990**

**COMMONWEALTH OF KENTUCKY**  
DEPARTMENT FOR HEALTH SERVICES  
REGISTRAR OF VITAL STATISTICS

116

FILE NO.

**026468**

**CERTIFICATE OF DEATH**

1. DECEDENT'S NAME (First, Middle, Last) <b>Horace Edgar Hill</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>October 11, 1990</b>
4. SOCIAL SECURITY NO. <b>400-50-8032</b>	5a. AGE Last Birthday (Years) <b>66</b>	5b. UNDER 1 YEAR (Months) (Days) <b></b>	5c. UNDER 1 DAY (Hours) (Minutes) <b></b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) <b>Jewish Hospital 02</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Louisville</b>	9d. COUNTY OF DEATH <b>Jefferson 256</b>
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Betty</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Magistrate &amp; Farmer 199</b>	12b. KIND OF BUSINESS/INDUSTRY <b>910</b>
13a. RESIDENCE - State <b>Ky</b>	13b. COUNTY <b>Henry 052</b>	13c. CITY, TOWN, OR LOCATION <b>Smithfield</b>	13d. STREET AND NUMBER <b>Rt. 1 - Box 76</b>
13e. INSIDE CITY LIMITS? (Yes or No) <b>No</b>	13f. ZIP CODE <b>40068</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>0</b>	15. RACE - American Indian, Black, White, etc. (Specify) <b>White 1</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/Secondary (0-12) College (1-4 or 5+) <b>11 11th</b>		17. FATHER'S NAME (First, Middle, Last) <b>Wm Weldon Hill</b>	
18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Bernice Harlan</b>		19a. INFORMANT'S NAME (Type/Print) <b>Mrs. Betty Hill (Wife)</b>	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>Rt. 1 - Box 76 Smithfield, Ky 40068</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>10-14-90 New Castle Cemetery</b>		20c. LOCATION - (City, Town or State) <b>New Castle, Ky</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <i>[Signature]</i>		22. NAME AND ADDRESS OF FACILITY <b>Prewitt Funeral Home 607 N. Main Street, New Castle, Ky 40050</b>	
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated  Signature and Title <i>[Signature]</i>		23b. DATE SIGNED (Month, Day, Year) <b>10/17/90</b>	
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <b>Gary L. Fuchs, M.D., 225 Abraham Flexner Way #305, Louisville, Ky 40202</b>			
25. TIME OF DEATH <b>10:40 P M</b>		26. DATE PRONOUNCED DEAD (Month, Day, Year)	
27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) <b>No</b>		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.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>410X Cardiogenic shock</b> DUE TO (OR AS A CONSEQUENCE OF): <b>Acute myocardial infarction</b> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST <b>Atherosclerotic Heart Disease</b>	
28a. WAS AUTOPSY PERFORMED? (Yes or No) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No)	
29. MANNER OF DEATH <input 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 <b>M</b>
30c. INJURY AT WORK? (Yes or No) <b>No</b>		30d. DESCRIBE HOW INJURY OCCURRED.	
30e. PLACE OF INJURY - At home, farm street, factory, office building, etc. (Specify)		30f. LOCATION (Street and number or Rural Route Number, City or Town)	
31. REGISTRAR'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) <b>OCT 23 1990</b>	

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

REGISTRAR

4140



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

I, Paul F. Royce, 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 18 day of January, 2013.

*Paul F. Royce*  
State Registrar