

# Registrar of Vital Statistics

## Certified Copy



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

FORM V.S. NO. 1-A  
(Rev. 7-78)

**COMMONWEALTH OF KENTUCKY**  
DEPARTMENT FOR HUMAN RESOURCES FILE NO. 116  
REGISTRAR OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

82 18612

REGISTRAR'S NO. 516

Registration District No. 410 Primary Registration District No. 2145

|  |  |  |   |  |  |   |  |   |  |   |  |
|--|--|--|---|--|--|---|--|---|--|---|--|
| DECEASED—NAME  |  | FIRST  | MIDDLE  | LAST   | SEX  | DATE OF DEATH (MONTH, DAY, YEAR)                                    |  |   |  |   |  |
| 1. Ivan  |  | W.   | Robertson   |  | 2. Male  | 3. August 19, 1982  |  |   |  |   |  |
| RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)   |  | AGE—LAST BIRTHDAY (YEARS)  | UNDER 1 YEAR  | UNDER 1 DAY  | DATE OF BIRTH (MONTH, DAY, YEAR)   |   | COUNTY OF DEATH                              |   |  |   |  |
| 4. White   |  | 5a. 64   | 5b.   | 5c.  | 6. 8-15-1918   |   | 7a. Daviess                                  |   |  |   |  |
| CITY, TOWN, OR LOCATION OF DEATH   |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)   | HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) |  |  | IF HOSP. OR INST. Indicate DOA, OP, emer. Rpt., Inpatient (Specify) |  |   |  |   |  |
| 7b. Owensboro  |  | 7c. Yes  | 7d. Our Lady of Mercy Hosp.   |  |  | 7e. Inpatient   |  |   |  |   |  |
| STATE OF BIRTH (if not in U.S.A., NAME COUNTRY)  |  | CITIZEN OF WHAT COUNTRY  |   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)                  |  | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)                        |  |   |  |   |  |
| 8. Kentucky  |  | 9. USA   |   | 10. Married  |  | 11. Joan Acre Robertson   |  |   |  |   |  |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |   |  | KIND OF BUSINESS OR INDUSTRY   |   |  |   |  |   |  |
| 12. 401 18 3826  |  | 13a. Western KY. Gas Co.   |   |  | 13b. Accountant  |   |  |   |  |   |  |
| RESIDENCE—STATE  |  | COUNTY   | CITY, TOWN, OR LOCATION   |  | ZIP  | STREET AND NUMBER   |  |   |  |   |  |
| 14a. Kentucky  |  | 14b. Daviess   | 14c. Owensboro  |  | 14d. 42301   | 14e. 1926 Sussex Place  |  |   |  |   |  |
| FATHER—NAME  |  | FIRST  | MIDDLE  | LAST   | MOTHER—MAIDEN NAME   |   |  |   |  |   |  |
| 15. Edward   |  | G.   | Robertson   |  | 16. Aurelia Springfield  |   |  |   |  |   |  |
| INFORMANT—NAME   |  | MAILING ADDRESS  |   |  | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP                             |   |  |   |  |   |  |
| 17a. Joan Acre Robertson   |  | 17b. 1926 Sussex Pl. O'Boro, KY.   |   |  | 42301  |   |  |   |  |   |  |
| PART I. DEATH WAS CAUSED BY:   |  | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]                                  |   |  |  |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |   |  |   |  |
| 18. IMMEDIATE CAUSE  |  | (a) Cancer of Pancreas   |   |  |  |   | - 2 years                                    |   |  |   |  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST  |  | (b)  |   |  |  |   |  |   |  |   |  |
|  |  | (c)  |   |  |  |   |  |   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)   |  | AUTOPSY (Yes or No)  |   | WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) |  |   |  |   |  |   |  |
|  |  | no   |   | no   |  |   |  |   |  |   |  |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)  |  | DATE OF INJURY (MONTH, DAY, YEAR)  |   | HOUR   | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |   |  |   |  |   |  |
| 20a.   |  | 20b.   |   | 20c.   | 20d.   |   |  |   |  |   |  |
| INJURY AT WORK (SPECIFY YES OR NO)   |  | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)           |   | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)                 |  |   |  |   |  |   |  |
| 20e.   |  | 20f.   |   | 20g.   |  |   |  |   |  |   |  |
| CERTIFICATION—PHYSICIAN:   |  | MONTH DAY YEAR   |   | MONTH DAY YEAR   |  | AND LAST SAW HIM/HER ALIVE ON                                       |  | I DID (OR DID NOT) VIEW THE BODY AFTER DEATH. |  | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |  |
| 21a. I ATTENDED THE DECEASED FROM  |  | 11-27-81 TO  |   | 21b. 8-17-82   |  | 21c. Aug. 17 92   |  | 21d.  |  | 21e.  |  |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. |  | HOUR OF DEATH  |   | THE DECEDENT WAS PRONOUNCED DEAD                                     |  | MONTH DAY YEAR  |  | HOUR  |  |   |  |
| 22a.   |  | M. 22b.  |   | 8/19/82  |  | YEAR  |  | 6:50 P.M.                                     |  |   |  |
| CERTIFIER—NAME (TYPE OR PRINT)   |  | SIGNATURE  |   | DEGREE OR TITLE  |  | DATE SIGNED (MONTH, DAY, YEAR)                                      |  |   |  |   |  |
| 23a. Dr. C.A. Poppens  |  | 23b. [Signature]   |   | 23c. 1   |  | 23d.  |  |   |  |   |  |
| MAILING ADDRESS—CERTIFIER  |  | STREET OR R.F.D. NO.   |   | CITY OR TOWN   |  | STATE   |  | ZIP   |  |   |  |
| 23d.   |  | 2816 Veach Road  |   | Owensboro  |  | Kentucky  |  | 42301   |  |   |  |
| BURIAL, CREMATION, REMOVAL (SPECIFY)   |  | CEMETERY OR CREMATORY—NAME   |   | LOCATION   |  | CITY OR TOWN  |  | STATE   |  |   |  |
| 24a. Burial  |  | 24b. Elmwood Cemetery  |   | 24c.   |  | Owensboro, Kentucky   |  |   |  |   |  |
| DATE (MONTH, DAY, YEAR)  |  | FUNERAL DIRECTOR—SIGNATURE   |   | ADDRESS (ZIP CODE) OF FUNERAL HOME                                   |  |   |  |   |  |   |  |
| 24d. 8-21-1982   |  | 25a. James H. Davis Jr.  |   | 3009 Frederica St. O'Boro, KY  |  | 42301   |  |   |  |   |  |
| NAME OF FUNERAL HOME   |  | REGISTRAR SIGNATURE  |   | DATE RECEIVED BY LOCAL REGISTRAR                                     |  |   |  |   |  |   |  |
| 25b. James H. Davis Funeral Home   |  | 26a. Patricia Keep   |   | 26b. 08-26-82  |  |   |  |   |  |   |  |

USUAL RESIDENCE WHERE DECEASED LIVED, OR PLACE OF DEATH OCCURRED IN INSTITUTION, SEE INSTRUCTIONS.

DECEASED

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 8 day of May, 1982

*Barbara F. White*

Barbara F. White, State Registrar