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FORM V-B NO. 1-A  
REV. 1-56

## COMMONWEALTH OF KENTUCKY

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 14

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

Registration District No. 1

Primary Registration District No. 2000

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		7. USUAL RESIDENCE a. STATE <b>Ky</b> b. COUNTY <b>Adair</b>	
b. CITY, IF OTHER THAN COUNTY SEAT, write BIRMAH and give township <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	
2. FULL NAME OF HOSPITAL OR INSTITUTION <b>Adair Memo.</b>		8. STREET ADDRESS <b>Jamestown</b>	
3. NAME OF DECEASED A. (First) <b>WES B. BARGER</b> B. (Middle) C. (Last)		4. DATE OF DEATH <b>9/23-1964</b>	
5. SEX <b>M</b>	6. COLOR OF RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7/18-1885</b>
9. USUAL OCCUPATION <b>Farmer - Banker</b>		10. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME <b>F. J. Barger</b>		12. BIRTHPLACE (State or foreign country) <b>Kentucky</b>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service) <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Adeline Williams</b>	
15. SOCIAL SECURITY NO. <b>405-01-3356</b>		16. INFORMANT <b>Myrtle M. Barger</b>	
17. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last DUE TO (b) <b>Carcinomatosis</b> DUE TO (c) <b>Primary site carcinoma prostate</b>			18. INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b)			19. WAS AUTOPSY PERFORMED? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 17)	
21b. TIME OF INJURY Hour, Month, Day, Year		21c. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	
21d. PLACE OF INJURY (a, b, c, or d) (a) home (b) farm (c) factory (d) street, office, etc.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE	
22. I hereby certify that I attended the deceased from <b>Feb 13 1964</b> to <b>Sept 23 1964</b> that I last saw the deceased alive on <b>September 25 1964</b> and that death occurred at <b>7:30 a.m.</b> from the causes and on the date stated above.			
23a. DATE SIGNED <b>9-27-64</b>		23b. ADDRESS <b>Columbia, Kentucky</b>	
23c. SIGNATURE <b>W. Gold Jaffer MD</b>		(Degree or title)	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/25-1964</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Dixie Cem.</b>		24d. LOCATION <b>Columbia, Ky</b>	
25a. DATE RECD BY <b>9-30-64</b>		25b. REGISTRAR'S SIGNATURE <b>W. Gold Jaffer</b>	
25c. FUNERAL DIRECTOR <b>Drissom-Maupin-Heskamp</b>		25d. ADDRESS <b>Columbia, Ky</b>	