

KENTUCKY CERTIFICATE OF DEATH

116

To Be Completed By: Funeral Director (Must Be Typed)

To Be Completed By: Medical Certifier

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) <b>Derrick Ray Rose</b>				1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX <b>Male</b>	
3. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <b>Sept. 20, 2010</b>		4. SOCIAL SECURITY NUMBER		5a. AGE-LAST BIRTHDAY (Years) <b>25</b>		5b. Under 1 Year <input type="checkbox"/> Under 1 Day <input type="checkbox"/>	
6. DATE OF BIRTH (Mo/Day/Yr)		7. CO. UNTY OF DEATH <b>Boone</b>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not institution, give street and number) <b>St. Elizabeth Florence</b>				10. CITY OR TOWN, STATE AND ZIP CODE <b>Florence, KY 41042</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Madison, IN.</b>		12. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		13. SURVIVING SPOUSE (If wife, give name prior to first marriage)			
14. DECEDENT'S USUAL OCCUPATION (If not of work done during most of working life) (Do not use retired) <b>Laborer</b>		15. KIND OF BUSINESS/INDUSTRY <b>Construction</b>		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
17a. RESIDENCE- State <b>Kentucky</b>		17b. COUNTY <b>Grant</b>		17c. CITY OR TOWN <b>Williamstown</b>		17d. STREET AND NUMBER <b>Apt. 3 Main St.</b>	
17e. ZIP CODE <b>41097</b>		17f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 <sup>th</sup> Grade or Less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> Grade, No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associates Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)			
19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify)					
21. FATHER'S NAME (First, Middle, Last) <b>Tommy (NMI) Rose</b>				22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Kathy (NMI) Winkle</b>			
23a. INFORMANT'S NAME <b>Kathy Richards</b>		23b. RELATIONSHIP TO DECEDENT <b>Mother</b>		23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>Sunflower Dr., Cabot, AR., 72023</b>			
24. METHOD OF DISPOSITION (Check only one): <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>I.O.O.F. Cemetery</b>		26. LOCATION - City, Town and State <b>Carrollton, KY 41008</b>			
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as agent) (Mo/Day/Yr) <i>Breton W. Stueker</i> <b>9/24/10</b>		28. KY LICENSE NUMBER (of license) <b>KY#5510</b>		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Tandy-Eckler-Riley F.H., Inc. and Ave. Carrollton, KY 41008</b>			
30. DATE PRONOUNCED DEAD (Mo/Day/Yr) <b>September 20, 2010</b>		31. ACTUAL OR PRESUMED TIME OF DEATH <b>9:20 P.M.</b>		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
33. PART I. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular failure without showing the etiology. DO NOT abbreviate. Enter only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) -> a. <b>Anoxic brain injury</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>Hanging</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>Hanging</b> DUE TO (OR AS A CONSEQUENCE OF): d. <b>Hanging</b> DUE TO (OR AS A CONSEQUENCE OF):						34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I						35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within past year <input checked="" type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death			
39. DATE OF INJURY (Mo/Day/Yr) (Spell Month) <b>September 18, 2010</b>		40. TIME OF INJURY <b>9:30-10:30 A.M.</b>		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) <b>Detention Center</b>	
43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				44. DESCRIBE HOW INJURY OCCURRED: <b>Hanging by bed sheet from ceiling vent</b>			
45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code) <b>212 Barnes Road Williamstown, KY 41097</b>				46. TO BE COMPLETED BY CERTIFIER: To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated. <i>Douglas M. Stith</i> SIGNATURE (Must Use Black/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118			
47. DATE CERTIFIED (Mo/Day/Yr) <b>October 4, 2010</b>				48. LICENSE NUMBER: <b>115</b>			
49. TITLE OF CERTIFIER <b>Coroner</b>				50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) <b>Douglas M. Stith, Coroner 7500 Highway 42 Florence, KY 41042</b>			
51. REGISTRAR'S SIGNATURE				52. DATE FILED (Mo/Day/Yr)			