

Registrar of Vital Statistics

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

2539331

COMMONWEALTH OF KENTUCKY REGISTRAR OF VITAL STATISTICS CERTIFICATE OF DEATH

116

2009 022972

FORM VS. NO. 1-A
(REV. 7/06)

MUST BE
TYPED

DECEASED

PARENTS

DECEASED

DECEASED

DECEASED

CAUSE OF
DEATH

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Donald Adrian Drake				2. SEX male		3. DATE OF DEATH (Month, Day, Year) July 23, 2009	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE Last Birthday (Years) 80		5b. UNDER 1 YEAR (Months) (Days) (Hours) (Minutes)		6. DATE OF BIRTH (Month, Day, Year) March 13, 1929	
7. BIRTHPLACE (City, State or Foreign Country) Zachariah, KY		8. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (Specify):					
9. FACILITY NAME (If not institution, give street and number) 3596 Alum Springs Rd.		10. CITY, TOWN, OR LOCATION OF DEATH Danville		11. COUNTY OF DEATH Boyle			
12. MARITAL STATUS Married		13. SURVIVING SPOUSE (If wife, give maiden name) Mildred Wills Drake		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Minister		15. KIND OF BUSINESS/INDUSTRY Clergy	
16. RESIDENCE - State Kentucky		17. COUNTY Boyle		18. CITY, TOWN, OR LOCATION Danville		19. STREET AND NUMBER 3596 Alum Springs Rd.	
20. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21. ZIP CODE 40422		22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. RACE - American Indian, Black, Asian, etc. (Specify) White	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		25. DATE OF DEATH (Month, Day, Year) 8/12/09					
17. FATHER'S NAME (First, Middle, Last) Courtney D. Drake				18. MOTHER'S NAME (First, Middle, Maiden Surname) Vivian McKinney Drake			
19a. DECEASED'S NAME Mildred Drake				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3596 Alum Springs Rd. Danville, KY 40422			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, funeral home, or other place) Parksville Cemetery			
21. SIGNATURE OF FUNERAL SERVICE PROVIDER (Or person acting as such) Robert J. Ellis				22. NAME AND ADDRESS OF FACILITY W.L. Pruitt Funeral Home 5590 KY Hwy. 2141 Hustonville, KY 40437			
23. To the best of my knowledge, death occurred at the place shown on this certificate.				24. DATE SIGNED (Month, Day, Year) 7/27/09			
25. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) Yinong Liu, M.D. 216 Southtown Dr. Danville, KY 40422				26. DATE OF DEATH (Month, Day, Year) July 23, 2009			
27. TIME OF DEATH 10:10 PM				28. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
29. PART I. Enter the disease, injuries, or complications that caused death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. NOTE: Kentucky state indicate that diabetes is likely underreported on death certificates. If known, document diabetes as a "cause of" or "contributing cause of" death as appropriate in Part I and II. Lungenheim's Acute Sarcoid				30. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 min			
31. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)				32. SEQUENTIALLY LIST UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF)			
33. PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.				34. If female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				36. Were autopsy findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined		38. DATE OF INJURY (Month, Day, Year)		39. TIME OF INJURY		40. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		42. LOCATION (Street and Number or Rural Route Number, City or Town)					
43. REGISTRAR'S SIGNATURE Paul F. Royce				44. DATE FILED (Month, Day, Year) AUG 14 2009			



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 14th day of August, 2009.

Paul F. Royce
State Registrar