

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116 56- 23886

REGISTRAR'S NO. 259

7471

Registration District No. 1085

Primary Registration District No.

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Muhlenberg</u>				<b>2. USUAL RESIDENCE</b> a. STATE <u>Ky.</u> b. COUNTY <u>Muhlenberg</u>			
b. CITY OR TOWN <u>Central City, Ky</u> <u>R2</u>				c. LENGTH OF STAY (in this place) <u>R2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. CITY OR TOWN <u>Central City, R 2</u>			
(If not in hospital or institution, give street address or location)				f. STREET ADDRESS			
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Ed G Adcock</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 3, 1956</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8/15/1875</u>	
9. AGE (in years last birthday) <u>81</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H</u>		11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co. Ky</u>	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME <u>John T. Adcock</u>			
14. MOTHER'S MAIDEN NAME <u>Nancy Katherine Casebier</u>				15. WAS DECEASED (Yes, no, or unknown)			
16. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				17. SOCIAL SECURITY NO.			
18. INFORMANT <u>Elvie R. Adcock</u>				19. MEDICAL CERTIFICATION			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cardiopl. Hemorrhage</u> (b) <u>Old Age</u> (c) <u>High Blood Pressure</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331X - 070-14</u>			
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 18.)			
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				21c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21e. CITY, TOWN, OR LOCATION COUNTY STATE			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. DATE SIGNED <u>11-6-56</u>		23b. ADDRESS <u>Central City Ky</u>		23c. SIGNATURE <u>M. V. Foster</u>		(Signature or Title) <u>Coroner</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1956</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Central City, Ky.</u>	
25a. DATE REC'D BY <u>11-12-56</u>		25b. REGISTRAR'S SIGNATURE <u>Margaret Holte</u>		25. FUNERAL DIRECTOR ADDRESS <u>Tucker Funeral Home Central City, Ky.</u>			