

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

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

FILE NO. 11653

2838

CERTIFICATE OF DEATH

REGISTRAR'S NO. 66

Registration District No. 730 X

Primary Registration District No. 2265

1. PLACE OF DEATH a. COUNTY <i>Hopkins</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Ky</i> b. COUNTY <i>Hopkins</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Madisonville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Madisonville 2</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>68 N Seminary</i>		d. STREET ADDRESS (If rural, give location) <i>68 N. Seminary</i>	
3. NAME OF DECEASED a. (First) <i>Ben</i> b. (Middle) <i>Franklin</i> c. (Last) <i>Anthony</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 27-53</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>5-31-89</i>
9. AGE (In years last birthday) <i>63</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Salesman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>'55 DUSTRY</i>
11. BIRTHPLACE (State or foreign country) <i>Muhlenberg Co. Ky.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Charles Anthony</i>		14. MOTHER'S MAIDEN NAME <i>Adell Hoffman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) <i>Was</i>		16. SOCIAL SECURITY NO. <i>4201-081-17</i>	
17. INFORMANT <i>Oscar Anthony</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic respiratory failure</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)	
Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <i>None</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <i>Madisonville Hopkins Ky</i>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify, that I attended the deceased from <i>Feb 27 1953</i> to <i>Feb 27 1953</i> , that I last saw the deceased alive on <i>Feb 27 1953</i> , and that death occurred at <i>3:00</i> p.m. from the causes and on the date stated above.			
23a. DATE SIGNED <i>Feb 27 1953</i>	23b. ADDRESS <i>Madisonville Hopkins Ky</i>	23c. SIGNATURE <i>Walter J. Ashby</i> (Regree or title)	
24a. INITIAL, CREMATION REMOVAL (8-217) <i>Walter</i>	24b. DATE <i>3-1-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	24d. LOCATION (City, town, or county) (State) <i>Madisonville Ky</i>
25a. DATE REC'D BY <i>3-2-53</i>	25b. REGISTRAR'S SIGNATURE <i>Walter J. Ashby</i>	25c. FUNERAL DIRECTOR <i>Walter J. Ashby</i> ADDRESS <i>Central City Ky.</i>	