

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky. b. COUNTY Ohio		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Ky.		c. LENGTH OF STAY (in this place) 01	c. CITY OR TOWN Echols		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Comm. Hospital			d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) Gary Dale Baize			4. DATE OF DEATH (Month) (Day) (Year) 10/28/62		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4/28/62	9. AGE (In years last birthday) 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ky		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Jerry Baize			14. MOTHER'S MAIDEN NAME Ann Duker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Jerry Baize		

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5272 <i>Bronchitis or Viral Pneumonia</i>			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.			DUE TO (b)			
				DUE TO (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 18.)					
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY STATE	

22. I hereby certify that I attended the deceased from **10-13, 1962** to **10-16, 1962** that I last saw the deceased alive on **10-15, 1962** and that death occurred at **4:00 a. m.**, from the causes and on the date stated above.

23a. DATE SIGNED 10-19-62		23b. ADDRESS Central City, Ky		23c. SIGNATURE (Degree or title) James S. Brasher, M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/17/62		24c. NAME OF CEMETERY OR CREMATORY Old Bethel	
25a. DATE REC'D BY LOCAL REG. 10-23-62		25b. REGISTRAR'S SIGNATURE Marynie Halge		26. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home, Central City, Ky	