

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE a. STATE Ky.		(Where deceased lived, if institution; residence before admission) b. COUNTY Muhlenberg	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Greenville, Ky.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Central City, Ky.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shady Rest Nursing Home		d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					

3. NAME OF DECEASED (Type or Print) Ollie B. Blankenship		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1956	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 8, 1869
9. AGE (in years last birthday) 87		If Under 1 Year: Months Days Hours Min. If Under 24 Hrs. Hours Min.	

10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY U		11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky		12. CITIZEN OF WHAT COUNTRY?	
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13. FATHER'S NAME Thomas Blankenship		14. MOTHER'S MAIDEN NAME Anna Liza Casebier	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Kenneth Blankenship	
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MEDICAL CERTIFICATION

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral infarct		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Myocarditis & senility			
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4222-081-16					
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.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21b. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		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 **Nov. 1**, 1956, to **Nov 20**, 1956, that I last saw the deceased alive on **Nov 1**, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. DATE SIGNED Nov. 20-56		23b. ADDRESS Central City Kentucky		23c. SIGNATURE John P. Walker M.D. (Director or title)	
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24a. BURIAL, CREMATION, REBURY (Specify) Burial		24b. DATE Nov. 21, 1956		24c. NAME OF CEMETERY OR CREMATORY Ebenezer		24d. LOCATION (City, town, or county) (State) Muhlenberg Co. Ky.	
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25a. DATE REC'D BY 11-29-56		25b. REGISTRAR'S SIGNATURE Therese Hodge		28. FUNERAL DIRECTOR Tucker Funeral Home Central City, Ky.		ADDRESS	
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