

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

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

55- 12470

REG. NO. 116

KENTUCKY NO. 162

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhl.</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Greenville, Ky.</u>		c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Greenville, Kentucky</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Muhlenberg Community Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>		
3. NAME OF DECEASED a. (First) <u>Ozzie</u> b. (Middle) <u>Bogess</u> c. (Last) <u>Bogess</u>			4. DATE OF DEATH Month) (Day) (Year) <u>June 12, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Feb. 25, 1905</u>	9. AGE (In years last birthday) <u>50</u>	10. 1 Year 11 Under 24 Hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>88</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF <u>U.S.A.</u>
13. FATHER'S NAME <u>Robert Vincent</u>			14. MOTHER'S MAIDEN NAME <u>Sally Oates</u>		
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 <u>Ronald Ray Bogess</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic H.D.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>                    </u> DUE TO (c) <u>                    </u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks?</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200-081-16</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>May</u> , 19 <u>55</u> to <u>death</u> , 19 <u>    </u> , that I last saw the deceased alive on <u>                    </u> , 19 <u>    </u> , and that death occurred at <u>11:25 P. M.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED	23b. ADDRESS <u>G. F. BROCKMAN, M. D. 2 EAST MAIN CROSS ST. GREENVILLE KENTUCKY</u>		23c. SIGNATURE <u>G. F. Brockman</u> (Degree) <u>MD</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vincent B. G. R. #1, Greenville, Ky.</u>	24d. LOCATION (City, town, or county) (State)		
25a. DATE REC'D BY <u>6-23-55</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>	25c. LOCAL REGISTRAR <u>Margaret Hodge</u>	25d. FUNERAL DIRECTOR <u>Gary's Funeral Home - Greenville, Ky.</u>	25e. ADDRESS	