

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

DEATH REG. 116

55- 23506

DEATH YEAR'S REG. 291

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ky</u> b. COUNTY <u>Muhlenberg</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parran, Ky</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or institution) <u>Muhlenberg County Hosp</u>							
3. NAME OF DECEASED (Type or Print) <u>GEORGE - Washington - Clark</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 9 - 1882</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. BIRTHPLACE (State or foreign country) <u>Parran - Muhlenberg, Ky</u>	
13. FATHER'S NAME <u>SAMUEL CLARK</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Catherine Rivers</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes) no, or (unknown) <u>NO</u>		16. SOCIAL SECURITY <u>4045-18-3640</u>		17. INFORMANT <u>X Paul D. Clark</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Lymphatic Leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2040 - 058-12</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, other bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) m.		21e. INJURY OCCURRED WHILE AT <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>Nov. 1954</u> to <u>Oct 30, 1955</u> that I last saw the deceased alive on <u>Oct 30, 1955</u> , and that death occurred at <u>9 A. M.</u> from the causes and on the date stated above.							
23a. DATE SIGNED <u>11/10</u>		23b. ADDRESS <u>Greenville Ky.</u>		23c. SIGNATURE <u>J. Phipps MD.</u> (Degree or title)			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Mt. Thorn Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>Muhlenberg County, Ky.</u>	
25a. DATE REC'D BY <u>11-28-55</u>		25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>		25c. FUNERAL DIRECTOR <u>Barber - Washburne - Barrell</u>		25d. ADDRESS <u>General Home - Oradoboro, Ky.</u>	