

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 59-20178
REGISTRAR'S NO. 178

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE a. STATE Ky.		b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cleaton, Ky.		c. CITY OR TOWN Cleaton		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) Samuel William Drake		4. DATE OF DEATH (Month) (Day) (Year) 9/17/1959	
5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4/15/1880	
9. AGE (In years and months) 79		10. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel Jacob Drake				14. MOTHER'S MAIDEN NAME Tabitha Noffsinger			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Hubert Drake	
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18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart Long Aneurism		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) HCUP			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		DUE TO (c) 42221		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 (Hr., M., P., M.)		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE <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 **7/7/55**, 1959, to **9/17**, 1959, that I last saw the deceased alive on **7-25**, 1959, and that death occurred at _____ m., from the causes and on the date stated above. (Degree or title)

23a. DATE SIGNED 9/19/59		23b. ADDRESS Central City, Ky.		23c. SIGNATURE <i>[Signature]</i>	
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/18/59		24c. NAME OF CEMETERY OR CREMATORIUM Miller		24d. LOCATION (City, town, or county) (State) Cleaton, Ky.	
25a. DATE REC'D BY LOCAL REG. 9-22-59		25b. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS Tucker FuneralHome Central City, Ky.			