

## COMMONWEALTH OF KENTUCKY

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116 61 10868

REGISTRAR'S NO. 95

Registration District No. 1085

Primary Registration District No. 2435

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) Central City, Ky.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Central City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 314 N. Second St.		d. STREET ADDRESS 314 N. Second St.		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Henry Lancaster Fentress			4. DATE OF DEATH (Month) (Day) (Year) 4/25/61		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5/5/1890	9. AGE (In years last birthday) 70
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) Ky.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Isaac Finley Fentress		
14. MOTHER'S MAIDEN NAME Sarah Lam			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Lucy Fentress		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>					
INTERVAL BETWEEN ONSET AND DEATH					
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
21a. DESCRIBE HOW INJURY OCCURRED (Under 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 PM</u> on _____, from the causes and on the date stated above.					
23a. DATE SIGNED 5-3-61		23b. ADDRESS Central City, Ky		23c. SIGNATURE J. B. Weston M.D. (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/27/61		24c. NAME OF CEMETERY OR CREMATORY Cherry Hill	
24d. LOCATION (City, town, or county) (State) Muhlenberg Co. Ky.		25a. DATE REC'D BY LOCAL REG. 5-10-61			
25b. REGISTRAR'S SIGNATURE Margerie Hodge		26. FUNERAL DIRECTOR Tucker Funeral Home Central City, Ky			

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