

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

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

REG. NO. 116 **55-23507**

## CERTIFICATE OF DEATH

REGISTRATION NO. **273**

Registration District No. **1085** Primary Registration District No. **2436**

1. PLACE OF DEATH a. COUNTY <b>Muhlenberg</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ky</b> b. COUNTY <b>Muhlenberg</b>	
b. CITY (If outside corporate limits, write name of and give township) OR <b>Greenville</b> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Greenville</b> TOWN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Muhlenberg Community Hosp.</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (Last) <b>Clarence</b> (Type or Print)		b. (Middle) <b>Galen</b> c. (First) <b>Sept St. General Debing</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 30-1955</b>		5. SEX <b>male</b>	
6. COLOR OF RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Sept 2-1885</b>		9. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Galen</b>	
11. BIRTHPLACE (State or foreign country) <b>Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Jessie Galen</b>		14. MOTHER'S MAIDEN NAME <b>Nellie Young</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>403-01-5983</b>	
17. INFORMANT <b>Gaye Galen</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral Hemorrhage</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication to which caused death.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (a) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (a) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, other bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>10/27</b> , 1955, to <b>10/30</b> , 1955, that I last saw the deceased alive on <b>10/30</b> , 1955, and that death occurred at <b>9:00 A. M.</b> , from the causes and on the date stated above.	
23a. DATE SIGNED <b>10/30/55</b>		23b. ADDRESS <b>Greenville Ky.</b>	
23c. SIGNATURE <b>C. J. Shipp M.D.</b>		(Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>Nov-11-1955</b>	
24c. NAME OF CEMETERY OR CREMATORIUM <b>Friendship Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Muhlenberg County Ky.</b>	
25a. DATE REC'D BY LOCAL REG. <b>10-31-55</b>		25b. REGISTRAR'S SIGNATURE <b>Burdette S. Lipchick</b>	
25c. REGISTRAR LOCAL REGISTRAR <b>Margaret Hodge</b>		25d. FUNERAL DIRECTOR <b>Sary's Funeral Home - Greenville Ky.</b>	