

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

55-23509

CERTIFICATE OF DEATH

DEATH NO. 278

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quality, Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Comm. Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) J. Burnie b. (Middle) Givens c. (Last) Givens		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 1955	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 11, 1881
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (State or foreign country) Ky.
10b. KIND OF BUSINESS OR INDUSTRY Own farm		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Givens		14. MOTHER'S MAIDEN NAME Martha Grubb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 402-50-2372	17. INFORMANT Dorothy Givens	
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		DUE TO (b) arterio-sclerosis HD	
ANTECEDENT CAUSES		DUE TO (c) hypertension	
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 Intestinal Obstruction 5705-103-34		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	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 1952 to 10-27, 1955 , that I last saw the deceased alive on 10-27, 1955 , and that death occurred at 1:00 P. m. from the causes and on the date stated above.			
23a. DATE SIGNED 11-3-55	23b. ADDRESS Greenville Ky	23c. SIGNATURE J. Burnie Givens (Degree or title) M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Union	24d. LOCATION (City, town, or county) (State) Quality Ky. Route 1
25a. DATE REC'D BY SOCIAL REG. 11-5-55	25b. REGISTRAR'S SIGNATURE Marjorie Hodge	26. FUNERAL DIRECTOR ADDRESS Smith Funeral Home, Morgantown, Ky.	

5711-2-55