

Registration District No. 1085 Primary Registration District No. 17471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE a. STATE <u>Kentucky</u> b. COUNTY <u>Adair Muhlenberg</u>	
b. CITY OR TOWN <u>Central City RR</u>		c. CITY OR TOWN <u>Central City RR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) <u>SPICE ANN JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>11-18-1869</u>	9. AGE (In years last birthday) <u>89</u>	
10a. USUAL OCCUPATION <u>Housewife own home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Butler Co. Ky</u>	
13. FATHER'S NAME <u>Samuel Adkins 88</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Robert Johnson</u>	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>		DUE TO (b) <u>Coronary Occlusion</u>			
DUE TO (c) <u>Arteriosclerosis & Senility</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20. ACCIDENT SUICIDE HOMICIDE		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
21b. TIME OF INJURY <u>Hour Month, Day, Year</u>		21c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21d. 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 _____ m., from the causes and on the date stated above.

23a. DATE SIGNED <u>12/19/58</u>	23b. ADDRESS <u>Central City Ky</u>	23c. SIGNATURE (Degree or title) <u>M. V. Hester Coroner</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-21-58</u>	24c. NAME OF CEMETERY OR CREMATORIAL	24d. LOCATION (City, town, or county) (State) <u>Central City Ky</u>
25a. DATE REC'D BY LOCAL REG <u>12-19-58</u>	25b. REGISTRAR'S SIGNATURE <u>Marygrove Hodge</u>	26. FUNERAL DIRECTOR <u>Cecil Chem</u> ADDRESS <u>245 Henry Ky</u>	