

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhl.</u>	
b. CITY (If institution, corporate limits, write RURAL and give township) <u>Greenville</u>		c. CITY OR TOWN <u>Greenville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Muhl. Comm. Hosp.</u>		d. STREET ADDRESS <u>R. 3</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 1 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Oil Field</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"</u>	9. AGE (In years last birthday) <u>44</u>
13. FATHER'S NAME <u>Charlie Jones</u>		14. MOTHER'S MAIDEN NAME <u>Lula Reynolds</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>9163 - 143-31</u>	17. INFORMANT <u>Guendalyn Jones</u>
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ordy Burns 80-90% burn</u>		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) _____ DUE TO (c) _____			
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 type="checkbox"/>	
20. ACCIDENT <input checked="" 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.) <u>oil field worker. oil tank boom ignited from match</u>	
21b. TIME OF INJURY Hour Month, Day, Year a. m. <u>7 5 56</u> 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.) <u>oil field</u>		21e. CITY, TOWN, OR LOCATION <u>Greenville</u> COUNTY <u>muhl.</u> STATE <u>19</u>	
22. I hereby certify that I attended the deceased from <u>7-5-1956</u> to <u>7-10-1956</u> , that I last saw the deceased alive on <u>7-10-1956</u> , and that death occurred at <u>1:00 P.m.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>7-13-56</u>		23b. ADDRESS <u>Greenville 19</u>	
23c. SIGNATURE <u>[Signature]</u>		23d. SIGNATURE (Degree or Title) <u>[Signature]</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-13-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greenville, Ky. R. 3</u>	
25a. DATE REC'D BY LOCAL REG. <u>7-16-56</u>		25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25c. FUNERAL DIRECTOR <u>Smith's Fun. Home, Greenville, Ky.</u>		25d. ADDRESS <u>[Address]</u>	