

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Maddening County</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 outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Greenville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville, Kentucky</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R. 2</u>	
3. NAME OF DECEASED a. (First) <u>Charley</u> b. (Middle) <u>Manfield</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 30, 1965</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. KIND OF BUSINESS OR INDUSTRY <u>Raised Turkeys</u>
12. BIRTHPLACE (State or foreign country) <u>Maddening County Ky.</u>		13. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
14. FATHER'S NAME <u>Amos Jones</u>		15. MOTHER'S MAIDEN NAME <u>Jane Brown</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Chronic Hypertension</u>		<u>5 yrs</u> <u>10 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Serility</u>	
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION <u>4201-08116</u>	
22. ACCIDENT (Specify) SUICIDE HOMICIDE		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	
24. TIME (Month) (Day) (Year) (Hour) OF INJURY		25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
26. HOW DID INJURY OCCUR?		27. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
28. I hereby certify that I attended the deceased from <u>June 29, 1955</u> to <u>June 29, 1955</u> , that I last saw the deceased alive on <u>June 29, 1955</u> , and that death occurred at <u>8:20 AM</u> from the causes and on the date stated above.			
29. DATE SIGNED <u>7/9/55</u>		30. SIGNATURE (Degree or title) <u>Charles Wilson M.D.</u>	
31. ADDRESS <u>Greenville Ky</u>		32. NAME OF CEMETERY OR CREMATORIUM <u>Greenbrier Cemetery</u>	
33. DATE <u>July 1, 1955</u>		34. LOCATION (City, town, or county) (State) <u>Maddening County - Ky.</u>	
35. DATE REC'D BY LOCAL REG. <u>7-14-55</u>		36. REGISTRAR'S SIGNATURE <u>Madison Walker</u>	
37. LOCAL REGISTRAR <u>Madison Walker</u>		38. FUNERAL DIRECTOR <u>Harry's Funeral Home - Greenville, Ky.</u>	
39. DEPUTY REGISTRAR <u>Madison Walker</u>		40. ADDRESS	