

Registration District No. 1085 Primary Registration District No. 2486

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 outside corporate limits, write RURAL and give township) <u>Greenville</u>		c. LENGTH OF STAY (in this place) <u>01</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>Muhlenberg Community Hospital North College</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville, Kentucky</u>	
3. NAME OF DECEASED a. (First) <u>David</u> (Type or Print)		b. (Middle) <u>Oliver</u>	
c. (Last) <u>Kimmel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6-1955</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 17-1897</u>
9. AGE (In years last birthday) <u>68</u>	10. USUAL OCCUPATION (Give kind of work) <u>Real Estate Broker</u>	11. BIRTH PLACE (State or foreign country) <u>Ohio Co. Kentucky</u>	12. CITIZEN OF <u>U.S.A.</u>
13. FATHER'S NAME <u>James Henderson Kimmel</u>	14. MOTHER'S MARDEN NAME <u>Laura Kimbly</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Lula H. Kimmel</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>			
DUE TO (c)			
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 <u>4201-081-16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 <u>1935</u> , 19 <u>55</u> , in <u>Ohio Co.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-6</u> , 19 <u>55</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>11-8-55</u>	23b. ADDRESS <u>Greenville Ky</u>	23c. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Nov 8-1955</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville Muhlenberg Ky</u>
25a. DATE REC'D BY LOCAL REG. <u>11-10-55</u>	25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	25c. FUNERAL DIRECTOR <u>[Signature]</u>	25d. ADDRESS <u>[Address]</u>