

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE a. STATE <u>Ky.</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, give nearest city or town) <u>Paris, Ky.</u>		c. CITY <u>Paris, Ky.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED a. (Print) <u>Alvin M. Clean</u> b. (Signature)		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13, 1960</u>	
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	8. PART OF BIRTH
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State and country)
12. FATHER'S NAME <u>James Vasco M. Clean</u>		14. MOTHER'S MAIDEN NAME <u>Carolee Budger</u>	
13. AGE DECEASED (Year, mo., day)		15. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT <u>Lee M. Clean</u>		18. CAUSE OF DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u>			
DUE TO (c) <u>Arteriosclerosis</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 <input 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>4201</u>	
21b. TIME OF INJURY Hour <u>8</u> Month <u>10</u> Day <u>13</u> Year <u>1960</u>		21c. CITY, TOWN, OR LOCATION COUNTY STATE	
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. 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 <u>3:30</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>10/13/60</u>	23b. ADDRESS <u>Central City, Ky.</u>	23c. SIGNATURE (Degree or title) <u>M. V. Foster Coronor</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10/14</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg County, Ky.</u>
25. DATE REC'D BY LOCAL REG. <u>10-14-60</u>	26. REGISTRAR'S SIGNATURE <u>Margaria Hodge</u>	27. FUNERAL DIRECTOR <u>Starbuck Funeral Home</u>	ADDRESS <u>Guerrille, Ky.</u>