

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>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville, Ky.</u>		c. LENGTH OF STAY (in this place) <u>01</u>	c. CITY OR TOWN <u>Central City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Muhlenberg Comm. Hospital</u>		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Warren</u> c. (Last) <u>McCoy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10/6/62</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/11/1874</u>	9. AGE (In years last birthday) <u>84</u>
		If Under 1 Year: Months Days		If Under 24 Hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>William McCoy</u>			14. MOTHER'S MAIDEN NAME <u>Susan Wallace</u>	

15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Mattie McCoy</u>
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MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>intestinal obstruction - operation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	DUE TO (b) <u>Post op. prostatectomy</u>		<u>13 days</u>
	DUE TO (c) <u>Volvulus of sigmoid colon</u>		<u>10 days</u>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

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.)		
21b. TIME OF INJURY Hour Month, Day, Year a. m. 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.)	21e. CITY, TOWN, OR LOCATION	COUNTY STATE

22. I hereby certify that I attended the deceased from 9-19, 1962, to 10-6, 1962, that I last saw the deceased alive on 10-6, 1962, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. DATE SIGNED <u>10-12-62</u>	23b. ADDRESS <u>Central City, Ky</u>	23c. SIGNATURE <u>James S. Bushner, M.D.</u> (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/9/62</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u>
24d. LOCATION (City, town, or county) (State) <u>Central City, Ky</u>	25a. DATE REC'D BY LOCAL REG. <u>10-15-62</u>	
25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>	26. FUNERAL DIRECTOR ADDRESS <u>Tucker Funeral Home Central City, Ky.</u>	

10-15