

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Ky.		c. LENGTH OF STAY (in this place) 01	
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Comm. Hospital		c. CITY OR TOWN Cleaton	
		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Walter Ervie McGuyer		4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1958	
a. (First) b. (Middle) c. (Last)			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 2, 1881
		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY 65	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Mrs. Carl Whitehead	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cardiac 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>A.S.H.S.</u>			
	DUE TO (c) _____			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>			
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.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 Nov 3, 1958 to Nov 4, 1958, that I last saw the deceased alive on Nov 4, 1958, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. DATE SIGNED Nov. 7, 58	23b. ADDRESS Central City, Ky	23c. SIGNATURE <u>J. P. Walter Head</u> (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 6, 1958	24c. NAME OF CEMETERY OR CREMATORY Miller
25a. DATE REC'D BY LOCAL REG. 11-10-58	25b. REGISTRAR'S SIGNATURE <u>Maryanne Halge</u>	24d. LOCATION (City, town, or county) (State) Muhlenberg Co. Ky.
		26. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Central City, Ky