

Registration District No. 1085

Primary Registration District No. 7472

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY (if outside corporate limits, write NEAR and give township) OR TOWN R-3, Greenville, Ky.		c. CITY OR TOWN Greenville, Ky. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS Route # 3 IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) J. Homer Phillips		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	9. AGE (In years last birthday) 85 If Under 1 Year: Months _____ Days _____ If Under 24 Hrs.: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) Hopkins Co. Ky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Phillips		14. MOTHER'S MAIDEN NAME Nelia Moore	
15. WAS DECEASED (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Lessie Phillips		18. CITIZEN OF WHAT COUNTRY? U.S.A.	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease			
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. ACCIDENT: SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Under nature of injury in Part I or Part II of item 18.)	
21b. TIME OF INJURY: Hour _____, Month _____, Day _____, Year _____		21c. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
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.)	
22. I hereby certify that I attended the deceased from Dec 1957 to Dec 25, 1959 that I last saw the deceased alive on Dec 24, 1959 and that death occurred at 2:20 P. from the causes and on the date stated above.			
23a. DATE SIGNED Dec 29, 1959		23b. ADDRESS Greenville, Ky	
23c. SIGNATURE Walter H Woodruff M.D.		23d. LOCATION (City, town, or county) (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 27, 1959	
24c. NAME OF CEMETERY OR BURIAL PLACE Cave Spring Cemetery-Muhlenberg Co.--Ky.		24d. LOCATION (City, town, or county) (State) _____	
25a. DATE REC'D BY 1-4-60 LOCAL REG.		25b. REGISTRAR'S SIGNATURE Marjorie Hodge	
25c. FUNERAL DIRECTOR Gary's Funeral Home--Greenville, Ky		25d. ADDRESS _____	