

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional 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>Cleaton</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		c. CITY OR TOWN <u>Cleaton</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Edward</u> c. (Last) <u>Quisenberry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8, 1958</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>2/28/1897</u>
9. AGE (In years last birthday) <u>61</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>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>30</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co. Ky</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>Henry Davis Quisenberry</u>	
14. MOTHER'S MAIDEN NAME <u>Margaret Gregory</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY		17. INFORMANT <u>Mrs. Elizabeth Quisenberry</u>	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Acute 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) <u>4201</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.)		
21b. TIME OF INJURY Hour <u>Hour</u> Month, Day, Year			
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. DATE SIGNED <u>11/8/58</u>	23b. ADDRESS <u>Central City, Ky.</u>	23c. SIGNATURE <u>M. V. Foster</u> (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/10/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Central City, Ky.</u>	25a. DATE REC'D BY LOCAL REG. <u>11-12-58</u>	
25b. REGISTRAR'S SIGNATURE <u>Margorie Hodge</u>	26. FUNERAL DIRECTOR ADDRESS <u>Tucker Funeral Home Central City, Ky.</u>	