

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

FILE NO. 116.52 22102REGISTRAR'S NO. 240Registration District No. 1085 Primary Registration District No. 7471

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>Cleaton</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cleaton</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>(Bill)</u> c. (Last) <u>Quisenberry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 28/88</u>	9. AGE (In years last birthday) <u>64</u>	If Under 1 Year Months If Under 1 Year Days If Under 24 Hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>42</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>George Quisenberry</u>			14. MOTHER'S MAIDEN NAME <u>Mary Quisenberry</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY	17. INFORMANT <u>George Quisenberry</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brucellosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dehility</u> DUE TO (c) <u>Arterio vascular accident</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X - 070 - 16</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>2-4</u> , 195 <u>0</u> , to <u>10-8</u> , 195 <u>8</u> ; that I last saw the deceased alive on <u>10-4</u> , 195 <u>8</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>10-13-58</u>	23b. ADDRESS <u>Central City, Ky</u>		23c. SIGNATURE <u>R. E. H. M. D.</u> (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct, 10/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lacy Field</u>	24d. LOCATION (City, town, or county) (State) <u>Cleaton Ky</u>		
25a. DATE REC'D BY LOGAR. REG. <u>10-13-58</u>	25b. REGISTRAR'S SIGNATURE <u>Mrs. Margarita Hodge</u>		26. FUNERAL DIRECTOR <u> Eugene S. Elliott</u>	Grassville Ky	