

Registration District No. 1085

Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE a. STATE Ky. (Where deceased lived. If institution, residence possession) 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)	c. CITY OR TOWN Bremen, Ky. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shady Rest Home		d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) Ephraim b. (Middle) Short c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 19, 1880
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky
10b. KIND OF BUSINESS OR INDUSTRY 11		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Short		14. MOTHER'S MAIDEN NAME Eliza Whitmer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. H. L. Whitmer			

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Central Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 hours
	DUE TO (b) hypertensive Cardiovascular disease		3 yrs
	DUE TO (c) stating the underlying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443X-083-16		
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>			
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 **Oct 24, 1956** to **Oct 25, 1956**, that I last saw the deceased alive on **Oct 24, 1956**, and that death occurred at **8:00** a.m., from the causes and on the date stated above.

23a. DATE SIGNED 11/3/56	23b. ADDRESS Greenville, Ky	23c. SIGNATURE (Degree or title) James Wilson M.D.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 28, 1956	24c. NAME OF CEMETERY OR CREMATORY Briar Creek
24d. LOCATION (City, town, or county) (State) Muhlenberg Co. Ky.	25a. DATE REC'D BY LOCAL REG. 11-6-56	25b. REGISTRAR'S SIGNATURE Maryanne Hodge
26. FUNERAL DIRECTOR Tucker Funeral Home	ADDRESS Central City, Ky	