

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

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 74

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Muhl.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R-2 - Greenville, Ky.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville, Kentucky</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) <u>Route # 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cardelia</u> b. (Middle) <u>Spisworth</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 9, 1884</u>	9. AGE (In years last birthday) <u>70</u>	If Under 1 Year Months <u>1</u> Days <u>17</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co. - Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Mack Hodge</u>			14. MOTHER'S MAIDEN NAME <u>Johnny Harris</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 NO. <u>88</u>	17. INFORMANT <u>Sarahy Spasne</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver</u>				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic from C2 Gall Bladder</u> DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>155 X - 057-14</u>				
19a. DATE OF OPERATION <u>Feb 11, 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Metastatic Carcinoma Liver From Gall Bladder</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar</u> , 1952, to <u>Mar 26</u> , 1954, that I last saw the deceased alive on <u>Feb</u> , 1954, and that death occurred at <u>9:45 A.</u> m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>Mar 30, 54</u>	23b. ADDRESS <u>Greenville, Ky</u>		23c. SIGNATURE (Degree or title) <u>Dylan H Woodson, M.D.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 28, 1954</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Oliver Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg County - Ky.</u>		
25a. DATE REC'D BY LOG REG. <u>4-3-54</u>	25b. REGISTRAR'S SIGNATURE <u>Margorie Hodge</u>	25c. FUNERAL DIRECTOR <u>Gary's Funeral Home - Greenville, Ky.</u>	25d. ADDRESS		