

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

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

REGISTRAR'S NO. 113

Registration District No. 1085 Primary Registration District No. 2436

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>GREENVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARADISE (Muhl) Ky</u>	
c. LENGTH OF STAY (in this place) <u>21 42 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>Muhlenberg Community Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CONARD</u> b. (Middle) <u>Mason</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov-11-1867</u>
9. AGE (In years last birthday) <u>86</u>	If Under 1 Year Months	If Under 1 Year Days	If Under 24 Hrs Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co, Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William H Smith 42</u>		14. MOTHER'S MAIDEN NAME <u>Sadra Mason</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>404-127126</u>	17. INFORMANT <u>Wilfred L Smith</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Corony Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last.		DUE TO (b) <u>Corony Sclerosis</u>	
DUE TO (c) <u>Hypertension</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4301-051-17</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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <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 _____, 19____, to <u>5-17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-17</u> , 19 <u>54</u> , and that death occurred at <u>12:00 A.M.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>5-26-54</u>	23b. ADDRESS <u>Central City, Ky</u>	23c. SIGNATURE (Degree or title) <u>W. H. M. D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAY 18 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yonts</u>	24d. LOCATION (City, town, or county) (State) <u>Paradise Muhlenberg Ky</u>
25a. DATE REC'D BY LOCAL REG. <u>5-29-54</u>	25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>	26. FUNERAL DIRECTOR ADDRESS <u>Parker Hasbunne-Jandell</u> <u>Funeral Home</u> <u>Chapelboro, N.C.</u>	