

COMMONWEALTH OF KENTUCKY

State File No. _____

Registrar's No. 261Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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 institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Ennis</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u>		d. STREET ADDRESS (If rural, give location) <u>016</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Staples</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27 1949</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>Feb. 23, 1887</u>	9. AGE (In years last birthday) <u>62</u>	If Under Months <u>7</u>
1 Year Days <u>2</u>	If Under Hours <u></u>	24 Hrs. Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>/</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James Thomas Staples</u>			14. MOTHER'S MAIDEN NAME <u>Virginia Belcher</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Deyle Smith</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>					years <u></u>
ANTECEDENT CAUSES	DUE TO (b) <u>Coronary artery sclerosis</u>				years <u></u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Hypertensive cardio-vascular disease with cong. failure</u>				years <u></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>4201-935</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 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 <u>October, 1948</u> , to <u>Sept 27, 1949</u> , that I last saw the deceased alive on <u>Sept 24, 1949</u> , and that death occurred at <u>11 P.M.</u> the causes and on the date stated above.					
23a. DATE SIGNED <u>10/14/49</u>		23b. ADDRESS <u>Browder, Ky.</u>		23c. SIGNATURE (Degree or title) <u>George Richardson, M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 30, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Staples</u>	24d. LOCATION (City, town, or county) (State) <u>Butler County, Ky.</u>		
25a. DATE REC'D BY LOCAL REG. <u>10-15-49</u>	25b. REGISTRAR'S SIGNATURE <u>Margie Halye</u>		25c. FUNERAL DIRECTOR ADDRESS <u>Smith Funeral Home, Spanglersville, Ky.</u>		