

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Central City, Ky.	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Central City	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Drakesboro Rd.		d. STREET ADDRESS Old Drakesboro Rd.	
IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) Dean b. (Middle) c. (Last) Welborn			4. DATE OF DEATH (Month) (Day) (Year) 10/16/62
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/25/1895
9. AGE (In years last birthday) 67		If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME Man Welborn	
14. MOTHER'S MAIDEN NAME Hallie McPherson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Maggie Welborn	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Circulatory failure		INTERVAL BETWEEN ONSET AND DEATH
	4201 Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion		
	DUE TO (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
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 a. m. p. m. Month, Day, Year		21c. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	

22. I hereby certify that I attended the deceased from 10/17/62 to 10/19/62, that I last saw the deceased alive on 10/17/62, 1962 and that death occurred at 8:45 p. m., from the causes and on the date stated above.

23a. DATE SIGNED 10-17-62	23b. ADDRESS Central City, Ky	23c. SIGNATURE M. V. Foster Coroner
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/19/62	24c. NAME OF CEMETERY OR CREMATORY Rose Hill
24d. LOCATION (City, town, or county) (State) Central City, Ky.		25a. DATE REC'D BY LOCAL REG. 10-18-62
25b. REGISTRAR'S SIGNATURE Marjorie Hodge		25c. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Central City, Ky