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Form V. S. 1-A

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

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 177

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH
a. COUNTY: Muhlenberg
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drakesboro
c. LENGTH OF STAY (in this place): 75 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ky
b. COUNTY: Muhlenberg
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drakesboro
d. STREET ADDRESS (If rural, give location): Rural 1

3. NAME OF DECEASED (Type or Print): a. (First) Josie b. (Middle) Maddox c. (Last) Woods

4. DATE OF DEATH: (Month) Aug, (Day) 5 (Year) 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs: Hours	Min.
Female	Negro	Married	Nov, 14/80	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	00	Ohio Co, Ky	U S A

13. FATHER'S NAME: James Maddox

14. MOTHER'S MAIDEN NAME: Sarah Maddox

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.	17. INFORMANT
		Louie Woods

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 444X-084-38

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Drakesboro (COUNTY) Muhlenberg (STATE) Ky.

21d. TIME OF INJURY (Month) 8 (Day) 5 (Year) 53 (Hour) 8:40 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-5, 1953 *to* 8-5, 1953, *that I last saw the deceased alive on* 8-5, 1953, *and that death occurred at* 8:40 P m., *from the causes and on the date stated above.*

23a. DATE SIGNED: 8-10-53

23b. ADDRESS: Drakesboro, Ky

23c. SIGNATURE (Degree or title): Harry N. Herbert M.D

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug, 7/53

24c. NAME OF CEMETERY OR CREMATORY: Smith Cemetery

24d. LOCATION (City, town, or county) (State): Muhlenberg Co Ky

25a. DATE REC'D BY LOCAL REG.: 8-14-53

25b. REGISTRAR'S SIGNATURE: Mrs. Marjorie Hodge

26. FUNERAL DIRECTOR: Eugene Ballett ADDRESS: Greenville Ky