

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. 218

Registration District No. 50

Primary Registration District No. 0001

1. PLACE OF DEATH a. COUNTY <u>BATH</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>KY</u> b. COUNTY <u>BATH</u>				
b. CITY (If outside corporate limits, write RURAL, and give name of TOWN) <u>SALT-LICK, KY</u>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>SALT-LICK, KY</u>		
d. FULL NAME OF (If male, hospital or institution; if female, nursing or institution) <u>Mud Lick Road</u>				d. STREET ADDRESS (If rural, give location) <u>Mud Lick Road</u>				
3. NAME OF DECEASED (Type or Print) <u>JOSHUA</u>		a. (First) <u>CROUCH</u>		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>APRIL 27 1958</u>		6. DATE OF BIRTH <u>APRIL 21-1906</u>		7. AGE (in years last birthday) <u>52</u>		8. DATE OF DEATH (Month) (Day) (Year)		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 21-1906</u>		
9. AGE (in years last birthday) <u>52</u>		10. USUAL OCCUPATION (Of the kind of work done during most working life, even if retired) <u>OWNER</u>		11. KIND OF BUSINESS OR INDUSTRY <u>11</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>JOHN - CROUCH</u>				14. MOTHER'S MAIDEN NAME <u>MARY - RAYNHIER</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.		17. INFORMANT <u>LILLIA - CROUCH</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>				MEDICAL CERTIFICATION		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</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)						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200 - 081-16</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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>1947</u> , to <u>4/27</u> , 19 <u>58</u> that I last saw the deceased alive on <u>4/27</u> , 19 <u>58</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. DATE SIGNED <u>4/18/58</u>		23b. ADDRESS <u>Unionville</u>		23c. SIGNATURE <u>John C. Brown</u> (Print name or title)				
24. BURIAL CREMATION - REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 30 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEM</u>		24d. LOCATION (City, town, or county) (State) <u>SALT-LICK - BATH KY</u>		
25a. DATE REC'D BY <u>5-1-1958</u>		25b. REGISTRAR'S SIGNATURE <u>Gene L. Brooks</u>		25c. FUNERAL DIRECTOR <u>Paulsell &amp; Son's Salt Lick, Ky</u> ADDRESS				