

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.

20

Registration District No. 50

Primary Registration District No. 4081

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 BURIAL and give township) <u>SALT-LICK, Ky.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write BURIAL and give township) <u>SALT-LICK, Ky.</u>		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>CARL</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>JOHNSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16 1959</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>JAN 29 1959</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>OO</u>		9. AGE (In years last birthday) 11 Under 1 Year 16 Hours 24 Mins <u>1 16</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>MALEFORD JOHNSON</u>				14. MOTHER'S MAIDEN NAME <u>BETH - JOHNSON</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>MALEFORD JOHNSON</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Broncho-</u>				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) existing the underlying cause last.				DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>49, X</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>3/16</u> , 19 <u>59</u> to <u>3/16/59</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>3/16</u> , 19 <u>59</u> , and that death occurred at <u>from the causes and on the date stated above.</u>									
23a. DATE SIGNED <u>3/16/59</u>		23b. ADDRESS <u>Springville</u>		23. SIGNATURE <u>John A. Brown, MD</u> (Degree or title)					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 12 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JOHN CEM</u>		24d. LOCATION (City, town, or county) (State) <u>SALT-LICK BATH, KY</u>			
25a. DATE REC'D BY <u>4-13-59</u>		25b. REGISTRAR'S SIGNATURE <u>Lena R. Brooks</u>		26. FUNERAL DIRECTOR <u>Howell & Son</u>		ADDRESS <u>Salt Lick KY</u>			