

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. 116-54 18540

REGISTRAR'S NO. 30

Registration District No. 1046-11 Primary Registration District No. 2408-

1. PLACE OF DEATH a. COUNTY <i>Menifee</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <i>Ky.</i> b. COUNTY <i>Bath</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Funchburg</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Salt Lick 006</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>Gene Cook's Hosp</i>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <i>Gene</i>		b. (Middle) <i>Walter</i>		a. (Last) <i>McCart</i>		4. DATE OF DEATH (Month) (Day) (Year) 9 4 1954	
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6. SEX <i>Male</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1886</i>	9. AGE (In years last birthday) <i>68</i>	If Under 1 Year	If Under 10 Days	If Under 1 Hour	If Under 1 Min.
	<i>Married</i>			Months	Days	Hours	Minutes
				9	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>trimming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>State</i>	12. CITIZEN OF WHAT COUNTRY? <i>Ky.</i>
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13. FATHER'S NAME <i>Leab Carter II</i>	14. MOTHER'S MAIDEN NAME <i>Julphine McCart</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>11</i>	17. INFORMANT <i>Walter McCart</i>
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18. CAUSE OF DEATH State only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i>		
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <i>Cerebral atherosclerosis</i>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Hypertensive gross morbid</i>		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>332 X - 070-16</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.e., 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) m.	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 *5-3*, 1954 to *5-7*, 1954, that I last saw the deceased alive on *5-6*, 1954 and that death occurred at *10* a. m. from the causes and on the date stated above.

23a. DATE SIGNED <i>9-10-54</i>	23b. ADDRESS <i>Quincyville, Ky</i>	23c. SIGNATURE (Degree or title) <i>Lawrence R. Dukes MD</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Jones Farm</i>	24d. LOCATION (City, town or county) (State) <i>Bath Ky</i>
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25a. DATE REC'D BY LOCAL REG. <i>9-13-54</i>	25b. REGISTRAR'S SIGNATURE <i>Oran Cox</i>	25c. GENERAL DIRECTOR <i>Walter J. Scott</i>	ADDRESS <i>1-4</i>
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