

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <b>BATH -</b>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)		
b. CITY (if outside corporate limits, write full name and city townships) <b>SALT-lick, Ky</b>		c. LENGTH OF STAY (in days) <b>11</b>	c. CITY OR TOWN <b>SALT-lick, Ky</b>	b. COUNTY <b>BATH</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	Date	(Day)	(Year)
<b>WILLIAM</b>	<b>HENRY</b>	<b>MCCARTY</b>	<b>JUNE 3</b>	<b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH 20 1894</b>	9. AGE (in years, months, days, hours, min.) <b>63 2 13</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>11</b>			11. BIRTHPLACE (State or foreign country) <b>Bath co., Ky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>WILLIS MCCARTY</b>			14. MOTHER'S MAIDEN NAME <b>MARTHA GARRELL</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>ROE MCCARTY</b>		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)				<b>Coronary Occlusion</b>			
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
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.) <b>4211-081-16</b>	
21b. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____							
21c. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. DATE SIGNED <b>6-5-57</b>		23b. ADDRESS <b>Bath and Delaplane, Ky</b>		23c. SIGNATURE <b>W. R. Powell</b>		(Degree or title) <b>Coroner</b>	
24a. BURIAL CEMETERY (Specify) <b>Bethel</b>		24b. DATE <b>JUNE 5-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>JONES CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>SALT-lick BATH, KY</b>	
25a. DATE REC'D BY LOCAL REG <b>6-5-1957</b>		25b. REGISTRAR'S SIGNATURE <b>Lena K. Brooks</b>		25c. GENERAL DIRECTOR ADDRESS <b>Powell &amp; SAN SALT-lick, Ky</b>			