

Registration District No. **50**

Primary Registration District No. **4081**

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| 1. PLACE OF DEATH a. COUNTY BATH | | 2. USUAL RESIDENCE a. STATE KY | | (Where deceased lived. If institution, residence before admission) | |
| b. CITY (if outside corporate limits, write RURAL and give township) (SALT-lick) | | c. LENGTH OF STAY (in this place) | | b. COUNTY BATH | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | c. CITY OR TOWN SALT-LICK | | IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | d. STREET ADDRESS | | IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or Print) ROLLIE - McCARTY | | | 4. DATE OF DEATH (Month) (Day) (Year) DEC 5 1956 | | |
| a. (First) | b. (Middle) | c. (Last) | | | |

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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOW, DIVORCED (Specify) | 8. DATE OF BIRTH DEC 5 - 1896 | 9. AGE (In years last bIRTHDAY) 60 | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of year if retired) ZABNER | 10b. KIND OF BUSINESS OR INDUSTRY 11 | 11. BIRTHPLACE (State or foreign country) KENTUCKY | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13. FATHER'S NAME WILLIS McCARTY | 14. MOTHER'S MAIDEN NAME MARTHA - SOBRELL |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. 111 X - 055-12 |
| 17. INFORMANT BOE McCARTY | |

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| 18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary edema | MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a) existing the underlying cause last. | DUE TO (b) Sq cell ca - left foot | 6 mos |
| | DUE TO (c) wide spread metastasis | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 111 X - 055-12 | | |

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| 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.) |
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| 21b. TIME OF INJURY Hour <input type="checkbox"/> a. m. <input type="checkbox"/> p. m. | 21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21e. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 **7-10-1946** to **12-5-1956** that I last saw the deceased alive on **12-2-1956**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

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| 23a. DATE SIGNED 12-8-56 | 23b. ADDRESS Owingsville, Ky | 23c. SIGNATURE Wm A Johnson, M.D. (degree or title) |
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| 24a. BURIAL CREMATION, REMOVAL (Specify) | 24b. DATE 12-7-1956 | 24c. NAME OF CEMETERY OR CREMATORY JOHN'S CEM. | 24d. LOCATION (City, town, or county) (State) SALT-LICK BATH. KY |
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| 25a. DATE RECD BY LOCAL REG. 12-11-56 | 25b. REGISTRAR'S SIGNATURE Jesse L. Crook | 25c. EMERALD DIRECTOR ADDRESS Wm A Johnson, M.D. Salt Lick, Ky |
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MEDICAL CERTIFICATION