

Registration District No. **1310** Primary Registration District No. **8141**

1. PLACE OF DEATH a. COUNTY <b>ROWAN</b>		2. USUAL RESIDENCE a. STATE <b>KY</b> b. COUNTY <b>BATH</b> (Where deceased lived. If institution, residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <b>MOREHEAD</b>		c. CITY OR TOWN <b>SALT-LICK, KY</b> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles W. on 45.60</b>		d. STREET ADDRESS <b>0000</b> IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <b>WILLARD - H. MCKENZIE</b>			4. DATE OF DEATH <b>JUNE - 23 - 1958</b> (Month) (Day) (Year)	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>02-23-1922</b>	9. AGE (In years last birthday) <b>35</b> (If Under 1 Year: Months Days Hours Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if "retiring") <b>CRS PAUL-ROAD EMP</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>34</b>	11. BIRTHPLACE (State or foreign country) <b>KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13. FATHER'S NAME <b>BROOKS W MCKENZIE</b>	14. MOTHER'S MAIDEN NAME <b>FLOAR - MYERS</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give title or dates of service) <b>Yes 9 WAR-No 11</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>BILLY - MCKENZIE</b>
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MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Fractured Skull Right Side</b> <b>Crushed Chest possible broken neck</b> DUE TO (b) <b>Car accident 4 mi. W Morehead US60</b> DUE TO (c) <b>8161</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>8161</b>		
	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20. ACCIDENT <input checked="" 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>Auto accident. Car hit truck + another car.</b>
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21b. TIME OF INJURY <b>9:35</b> Hour Month, Day, Year a. m. p.m.	21c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>1005 Morehead, Ky.</b>	21d. CITY, TOWN, OR LOCATION <b>Morehead</b> COUNTY <b>Rowan</b> STATE <b>Ky.</b>
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22. I hereby certify that I attended the deceased from **After death** on **6-23**, 19**58**, that I last saw the deceased alive on **10**, and that death occurred at **9:45** m., from the causes and on the date stated above.

22a. DATE SIGNED <b>6-23-58</b>	22b. ADDRESS <b>Morehead, Ky.</b>	22c. SIGNATURE <b>Bush Jones Coroner Rowan County</b> (Degree or title)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>02-25-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BONES CEM. SALT-LICK, BATH, KY</b>	23d. LOCATION (City, town, or county) (State)
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24a. DATE REC'D BY <b>7-3-58</b>	24b. REGISTRAR'S SIGNATURE <b>Boris Jean Candell</b>	24c. FUNERAL DIRECTOR <b>Full 2 Son</b>	ADDRESS <b>SALT-LICK, KY</b>
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