FORM V.S. NO. T-A
REV. 1-56
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 60 18720
REGISTRAR'S NO. 56

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH
a. COUNTY: BATH Co.
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN: SALT-LICK, Ky
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ky
b. COUNTY: BATH Co.
c. CITY OR TOWN: SALT-LICK, KY.
IS RESIDENCE ON A FARM? YES ☐ NO ☐
d. STREET ADDRESS:
IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐

3. NAME OF DECEASED (Type or Print): a. (First) GARRY b. (Middle) LEE c. (Last) CARTER

4. DATE OF DEATH: (Month) SEPT (Day) 16 (Year) 1960

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT

8. DATE OF BIRTH: MAY 21-1955

9. AGE (In years last birthday): 5
If Under 1 Year: Months | Days | If Under 24 Hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): KENTUCKY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JESSIE JR. CARTER

14. MOTHER'S MAIDEN NAME: GINA MYERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: BILL MYERS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Lymphatic Leukemia — 8 months
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 2040

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)

21b. TIME OF INJURY: Hour, Month, Day, Year

21c. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Aguste 1960 to Sept 1960, that I last saw the deceased alive on Sept 16, 1960, and that death occurred at 11 PM m., from the causes and on the date stated above.

23a. DATE SIGNED: Sept 17 1960
23b. ADDRESS: Owingsville Ky
23c. SIGNATURE: Edwin R Davis (Degree or title) M.D.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 19/1960
24c. NAME OF CEMETERY OR CREMATORY: Yates Cem.
24d. LOCATION (City, town, or county) (State): SALT-LICK-BATH KY

25a. DATE REC'D BY LOCAL REG.: 9-16-1960
25b. REGISTRAR'S SIGNATURE: Lena K. Brooks
26. FUNERAL DIRECTOR: Powell & Son
ADDRESS: Salt Lick Ky.