

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICSDEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

REGISTRAR'S NO. 21

Registration District No. 1070

Primary Registration District No. 2425

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY 01</u>		2. USUAL RESIDENCE a. STATE <u>17</u> b. COUNTY <u>BATH</u> (Where deceased lived, if institution; residence before admission)	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>MT. STERLING</u>	c. LENGTH OF STAY (in this place) <u>3 DAYS</u>	c. CITY OR TOWN <u>SALT LICK</u>	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARY CHILES HOME</u>	d. STREET ADDRESS	IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE B. COMBUNDRO</u> b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 15 1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>JAN. 19 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) (Month) (Day) (Hours) (Min.) <u>60</u>
11. BIRTHPLACE (State or foreign country) <u>VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>R. S. COMBUNDRO</u>		14. MOTHER'S MAIDEN NAME <u>MARY FAGER</u>	
15. WAS DECEASED (Yes, no, or unknown) <u>EVER IN U. S. ARMED FORCES? (If yes, give War or date of service)</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>MARIE COMBUNDRO</u>	

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <u>Thrombosis - Cerebrospinal Vein</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) <u>Stroke Hypertension</u> stating the underlying cause last.		DUE TO (b) <u>Stroke Hypertension</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>511</u>		DUE TO (c) <u>Arteriosclerosis</u>		
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
21b. TIME OF INJURY Hour Month, Day, Year a. m. 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
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				

22. I hereby certify that I attended the deceased from <u>Aug. 1959</u> to <u>Feb. 15 1961</u> , that I last saw the deceased alive on <u>2-15 1961</u> , and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.				
23a. DATE SIGNED <u>2-20-61</u>	23b. ADDRESS <u>777 St. Sterling Ky.</u>	23c. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	24b. DATE <u>FEB. 18 1961</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>SALT-LICK BATH KY</u>	
25a. DATE REC'D BY LOCAL REG. <u>2-22-61</u>	25b. REGISTRAR'S SIGNATURE <u>Bertie P. Dale</u>		26. FUNERAL DIRECTOR <u>Buell & Son SALT-LICK KY</u>	