

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY Bath			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky b. COUNTY Bath		
b. CITY (If outside corporate limits, write RURAL and give township) Salt Lick		c. LENGTH OF STAY (in size place)	c. CITY OR TOWN Salt Lick		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1			d. STREET ADDRESS Route 1		
IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) Belle Crouch Hardin			4. DATE OF DEATH (Month) (Day) (Year) Aug 5, 1961		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 20, 1892	9. AGE (in years last birthday) 69	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Tom Crouch			14. MOTHER'S MAIDEN NAME Mary Wells		
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 Deet Hardin		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION 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? YES <input type="checkbox"/> NO <input 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.)		
21b. TIME OF INJURY Hour Month, Day, Year p. m.					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5p m., from the causes and on the date stated above.					
23a. DATE SIGNED Aug 6, 1961	23b. ADDRESS Owingsville, Ky		23c. SIGNATURE (Degree or title) C. P. Blaylock, Coroner		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 7, 1961	24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery	24d. LOCATION (City, town, or county) (State) Bath County, Ky		
25a. DATE REC'D BY 8-7-1961	25b. REGISTRAR'S SIGNATURE Lena K. Brooks		26. FUNERAL DIRECTOR Richardson-Dicken Funeral Home	ADDRESS	

MEDICAL CERTIFICATION