

FEDERAL SECURITY AGENCY  
 U. S. PUBLIC HEALTH SERVICE  
 NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

 Department of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

FILE NO. 116

54-16561

REGISTRAR'S NO. 77

Registration District No. 1070

Primary Registration District No. 2425

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>KY</u> b. COUNTY <u>BATH</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>MT-STERLING</u>		c. LENGTH OF STAY (in days) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>SALE-LEIC</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL or location) <u>MARYCHILES HOSPITAL</u>			3. NAME OF DECEASED a. (First) <u>EDD-L- EVANS</u> b. (Middle) c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 13- 1954</u>	5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY. 26-1874</u>	9. AGE (In years last birthday) (If Under 1 Year) (If Under 24 Hrs) <u>80</u> Months <u>2</u> Days <u>17</u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13. FATHER'S NAME <u>TURNER P. EVANS</u>			14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>HENRY EVANS</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c)		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>			Years <u>4 days</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3 1/2 x - 170-16</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8-5, 1954 to 8-13, 1954, that I last saw the deceased alive on 8-13, 1954, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. DATE SIGNED <u>8-13-54</u>	23b. ADDRESS <u>Quincyville, Ky</u>		23c. SIGNATURE <u>Laura R. Dyer</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-15-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SALE-LEIC BATH</u>	24d. LOCATION (City, town, or county) (State) <u>SALE-LEIC BATH KY</u>	
25a. DATE RECD. BY <u>11/4/54</u>	25b. REGISTRAR'S SIGNATURE <u>Bertie O. Dale</u>	25c. FUNERAL DIRECTOR <u>Lowell - 504 SALE-LEIC</u>	25d. ADDRESS <u>52</u>	