

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH
a. COUNTY

BATH

2. USUAL RESIDENCE
c. STATE

KY

(Where deceased lived, or institution residence before admission)

b. COUNTY BATH

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

SALT-LICK, KY

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN

SALT-LICK, KY

IS RESIDENCE ON A FARM?

YES NO

d. FULL NAME OF HOSPITAL OR INSTITUTION (if not in hospital or institution, give street address or location)

d. STREET ADDRESS

IS RESIDENCE INSIDE CITY LIMITS?

YES NO 3. NAME OF DECEASED
(Type or Print)

HATTIE DORA ZANDEN

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH

JUNE - 19 1961

(Month)

(Day)

(Year)

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

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

MARRIED

8. DATE OF BIRTH

JUNE 3 1888

9. AGE (in years last birthday)

73

If Under 1 Year

#

If Under 24 Hrs.

#

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

HOUSEWIFE

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

RICHARD CHANDLER

14. MOTHER'S MAIDEN NAME

MARGARET LANEHART

15. WAS DECEASED (Yes, no, or unknown)

EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. MARRIAGE TRACY CLICK

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

Coronary Occlusion

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)

11201

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
a. m. p. m.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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. DATE SIGNED

6/29/61

23b. ADDRESS

Covingtonville, Ky

23c. SIGNATURE

Charles R. Hargany, Coroner (Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

JUNE 21 1961

24c. NAME OF CEMETERY OR CREMATORY

JONES CEM

24d. LOCATION (city, town, or county) (State)

SALT-LICK BATH, KY

25a. DATE REC'D BY LOCAL REG.

6/21/61

25b. REGISTRAR'S SIGNATURE

Gene R. Crooks

26. FUNERAL DIRECTOR

Powell & Son SALT-LICK, KY ADDRESS