

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

56- 8356

REGISTRAR'S NO. 26

Registration District No. 1310

Primary Registration District No. 8141

1. PLACE OF DEATH a. COUNTY <u>ROWAN</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>KY</u> b. COUNTY <u>ROWAN</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>FARMERS</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL, and give township) <u>FARMERS</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not sent to hospital or institution, give street address or location) INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) (Type or Print) <u>SAMUEL</u>				b. (Middle) <u>GULLETT</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1956</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 (Day) (Month) (Year) <u>1901</u>	
9. AGE (If years, list months) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HARRISON-GULLETT II</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>WILLIAM-GULLETT</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension. Ch.</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1 + 4 x - 084-18</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>4/19</u> , 19 <u>56</u> to <u>4/19</u> , 19 <u>56</u> that I last saw the deceased alive on <u>4/19</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. DATE SIGNED <u>4/23/56</u>		23b. ADDRESS <u>Morehead, Ky</u>		23c. SIGNATURE <u>John L. Clay M.D.</u> (Print name and title)			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 21 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ALT. LICK, BATH KY</u>	
25a. DATE REC'D BY LOCAL REG. <u>4-26-56</u>		25b. REGISTRAR'S SIGNATURE <u>John L. Clay</u>		25c. FUNERAL DIRECTOR <u>Paul L. Son</u>		25d. ADDRESS <u>Salt Lick KY</u>	