

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 **56-15519**
REGISTRAR'S NO. **45**

Registration District No. **50** Primary Registration District No. **2025**

1. PLACE OF DEATH a. COUNTY Bath		2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Bath	
b. CITY (if outside corporate limits, write RURAL and name of town) Burnsboro, Ky	c. LENGTH OF STAY (in this place) 2 months	c. CITY OR TOWN Salt Dick, Ky.	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lillbrest Nursing Home	IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF HOME	d. STREET ADDRESS	IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) Bessie G. Myhrner		4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate year) Married	8. DATE OF BIRTH 6-1-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife	10b. KIND OF BUSINESS OR INDUSTRY 88	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF Wynn County, Ky. S. H.
13. FATHER'S NAME James Harper		14. MOTHER'S MAIDEN NAME Margaret Crouch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Allie Myhrner	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to above cause stating the underlying cause last.		DUE TO (b) Cerebral paralysis of the brain		
			DUE TO (c) none		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				
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.) 025 X - 009-03			
21b. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>		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 **Aug-11, 1956** to **Aug-13, 1956** that I last saw the deceased alive on **Aug-11, 1956** and that death occurred at **6:30 P.M.** from the causes and on the date stated above.

23a. DATE SIGNED Aug-23-56	23b. ADDRESS Burnsboro, Ky	23c. SIGNATURE (Describe or title) H. L. Hillmore M.D.
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 8-15-56	24c. NAME OF CEMETERY OR CREMATORY James Cem.
		24d. LOCATION (City, town, or county) (State) Salt Dick, Ky - Route
25a. DATE REC'D BY LOCAL REG. 8-15-1956	25b. REGISTRAR'S SIGNATURE Lena R. Brooks	25c. FUNERAL DIRECTOR ADDRESS Parrell & Son; Salt Dick, Ky -