Form V. S. 1-A

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 58- 6935

REGISTRAR'S NO. 22

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH
a. 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):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ky
b. COUNTY: BATH
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SALT LICK, Ky
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): H.
c. (Last): KAUTZ

4. DATE OF DEATH (Month) (Day) (Year): MARCH 22-58

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Nov. 2. 1872
9. AGE (In years last birthday): 85
If Under 1 Year: Months ~~24~~ Days ~~30~~; If Under 24 Hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: G.S.
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN - KAUTZ
14. MOTHER'S MAIDEN NAME: ELIZABETH FROSHOLZ

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: AUBRY KAUTZ

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prob. myocardial infarct — 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) Pneumonia — 15 min

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: 4201 - 081-16
20. AUTOPSY? YES ☐ NO ☑

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 OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 1958 *to* 3-15, 1958, *that I last saw the deceased alive on* 3-15, 1958 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. DATE SIGNED: 3-24-58
23b. ADDRESS: Owingsville, Ky
23c. SIGNATURE: [signature] (Degree or title): M.D.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 24-1958
24c. NAME OF CEMETERY OR CREMATORY: [illegible] CEM.
24d. LOCATION (City, town, or county) (State): SALT LICK, BATH, KY

25a. DATE REC'D BY LOCAL REG.: 3-24-1958
25b. REGISTRAR'S SIGNATURE: Lena R. Brooks
26. FUNERAL DIRECTOR: Russell S. [illegible] — ADDRESS: Salt Lick, Ky.