

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

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REG. NO. 116

REGISTRATION NO. 26

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <i>Bath Co.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Ky.</i> b. COUNTY <i>Bath</i>	
b. CITY (If outside corporate limits, write NEAR, and give name of TOWN <i>Salt Lick</i>)		c. CITY OR TOWN (If outside corporate limits, write NEAR, and give township) <i>Salt Lick, Ky</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOME) OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <i>Arthur</i>		b. (Last) <i>Wages</i>	
c. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <i>June 19, 1955</i>	
5. SEX <i>Male</i>		6. DATE OF BIRTH <i>9-4-1884</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. AGE (Years last birthday) <i>70</i>	
9. <i>Married</i>		10. USUAL OCCUPATION (Give kind of work (If kind of BUSINESS or INDUSTRY retired)) <i>Farmer</i>	
11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>		12. CITIZENSHIP (What country?) <i>U. S. A.</i>	
13. FATHER'S NAME <i>Bud Wages</i>		14. MOTHER'S MAIDEN NAME <i>Anna Fannin</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Bill Kennedy</i>			
18. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION (a) <i>Coronary Occlusion</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERNAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)	
Marked conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
20. 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 <i>4201-081-16</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office building, etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) OF INJURY		21e. INJURY OCCURRED WHILE AT <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, <i>8:30 P.M.</i> , from the causes and on the date stated above.			
23a. DATE SIGNED <i>6-29-55</i>		23b. ADDRESS <i>Quinnville, Ky R. 2</i>	
23c. SIGNATURE <i>Clendell Bud County Coroner</i>		(Describe title)	
24a. NEARIAL CREMATION (Specify)		24b. DATE <i>6-22-55</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Jones Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Salt Lick - Bath Co. Ky</i>	
25a. DATE REC'D. BY <i>6-29-55</i>		25b. REGISTRAR'S SIGNATURE <i>Seneca R. Crook</i>	
25c. FUNERAL DIRECTOR <i>Parrell & Son</i>		25d. ADDRESS <i>Salt Lick, Ky</i>	