

John William McCauley - s/o Joseph McCauley & Nancy Bennett

Registrar of Vital Statistics
Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FORM V.E. NO. 1-A REV. 1-58 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 59- 14089
Subordinate District No. 410		Primary Registration District No. 2145		
1. PLACE OF DEATH a. COUNTY <u>Daniels Co.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence please specify) (b) STATE <u>Ky.</u> (c) COUNTY <u>Muhlenberg</u>		
b. CITY OR TOWN <u>Greenwell</u>		c. LENGTH OF STAY (In days)	d. CITY OR TOWN <u>Greenwell</u>	e. RESIDENCE ON A FARM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Haven Home</u>		4. STREET ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. NAME OF DECEASED (Type or Print) <u>John William McCauley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20-1959</u>		
3. SEX <u>M.</u> COLOR OR RACE <u>W.</u> T. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		5. DATE OF BIRTH <u>3-1-1880</u> 79		
6a. USUAL OCCUPATION (Give kind of work done during some of working life, when it varied)		6b. KIND OF BUSINESS OR INDUSTRY <u>Franklin Ga.</u>		6c. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
7. FATHER'S NAME <u>Joseph Lee McCauley</u>		8. MOTHER'S MAIDEN NAME <u>Nancy Bennett</u>		
9. WAS DECLARED (Check one) (a) YES <input type="checkbox"/> (b) NO <input type="checkbox"/>		10. SOCIAL SECURITY NO. <u>John W. McCauley Jr.</u>		
11. CAUSE OF DEATH (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Bronchopneumonia, both lower lobes</u>)		MEDICAL CERTIFICATION (b) <u>1 days</u>		
CONDITIONS (If any, which gave rise to above cause, but stating the underlying cause last.)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE (GIVE IN PART I (a))		
1) Arteriosclerosis, general 2) Chronic pyelonephritis		12. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
13. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		14. DISCOVER HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II OF ITEM 11.)		
15. TIME OF DEATH (Hour, Month, Day, Year) <u>7/20/59</u>		16. PLACE OF INJURY (a, b, c, or d) <u>at home</u>		
17. INJURY OCCURRED (a) YES <input type="checkbox"/> (b) NO <input type="checkbox"/>		18. CITY, TOWN OR LOCATION <u>Greenwell</u> COUNTY <u>Muhlenberg</u> STATE <u>Ky.</u>		
19. I hereby certify that I attended the deceased from <u>7/19/59</u> to <u>7/20/59</u> , that I last saw the deceased alive on <u>7/19/59</u> , and that death occurred at <u>4:30 a.m.</u> from the cause and on the date stated above.				
20. DATE SIGNED <u>7/24/59</u>		21. ADDRESS <u>920 Frederica St., O'boro Ky.</u>		22. SIGNATURE <u>Harvey Schurke M.D.</u>
23. FUNERAL CREATION, BURIAL, CREMATION, OR OTHER DISPOSITION <u>Burial</u>		24. DATE <u>July 21-59</u>		25. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem. Greenwell Ky.</u>
26. DATE REC'D BY <u>7-30-59</u>		27. REGISTRAR'S SIGNATURE <u>Nancy J. Davis</u>		28. FUNERAL DIRECTOR <u>James A. Davis & Parker Washburn</u> ADDRESS <u>O'boro Greenwell, Ky.</u>



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 27th day of Aug, 19 59.