

128 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 53 15423

REGISTRAR'S NO. 27

Registration District No. 1305 Primary Registration District No. 8101

<b>PLACE OF DEATH</b> a. COUNTY <u>Rock Castle</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived in institution; residence before death) a. STATE <u>Ky</u> b. COUNTY <u>Rock Castle</u>	
b. CITY (If outside corporate limits, write RURAL and give name) <u>Mt Vernon Rural</u>		c. CITY (If outside corporate limits, write RURAL and give name) <u>Mt Vernon Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	
<b>NAME OF DECEASED</b> (Type or Print) <u>Wm David Owen</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>6 16 53</u>	
<b>SEX</b> <u>M</u>	<b>5. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>April 5, 1875</u>
<b>9. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farmer</u>	<b>11. BIRTH PLACE</b> (State or foreign country) <u>Rockcastle Co. Ky</u>
<b>1. FATHER'S NAME</b> <u>M. C. Owen</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Cecilia Owens</u>	
<b>13. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> <u>Miss Dora Lee</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u> <b>ANTECEDENT CAUSES</b> DUE TO (b) <u>High Tension</u> DUE TO (c)	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X-070-16</u>	
<b>19c. INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 Days</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>11a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office building, etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from June 3, 1953, to June 6, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 6:30 a.m. from the causes and on the date stated above.</b>			
<b>22a. DATE SIGNED</b> <u>July 6-53</u>		<b>22c. SIGNATURE</b> <u>J. L. Beppington MD</u>	
<b>22b. ADDRESS</b> <u>Mt. Vernon, Ky</u>		<b>22d. LOCATION (City, town, or county) (State)</b> <u>Rock Castle Co. Ky</u>	
<b>23a. BURIAL OR CREMATION</b> (Specify)	<b>24b. DATE</b> <u>6-18-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Frederick</u>	<b>24d. FUNERAL DIRECTOR ADDRESS</b> <u>Wm Owen</u>
<b>25a. DATE REC'D BY LOCAL REG.</b> <u>7/6/53</u>	<b>25b. REGISTRAR'S SIGNATURE</b> <u>Wm Owen</u>		<b>25c. FUNERAL DIRECTOR ADDRESS</b> <u>Wm Owen</u>