

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 6468

REGISTRAR'S NO. 68

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Muhlenberg</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Central City Ky Rural</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Central City Ky R#1</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Bradford</u> c. (Last) <u>Willingen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 - 53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 23, 1872</u>	9. AGE (In years last birthday) <u>81</u>	10. If Under 1 Year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co Ky</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Joseph W. Willigen</u>			14. MOTHER'S MAIDEN NAME <u>Mary Wright</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Shelby W. Willigen</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INFLUENZA</u>				
	DUE TO (c)				
	11. 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 <u>481X - 088 - 19</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 <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 <u>Feb</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED	23b. ADDRESS <u>Central City, Ky</u>		23c. SIGNATURE (Degree or title) <u>Fred A. Beutel, MD</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Bethel</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co. Ky</u>		
25a. DATE REC'D BY LOCAL REG. <u>3-30-53</u>	25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>	26. FUNERAL DIRECTOR <u>Jackson Funeral Home</u>		ADDRESS <u>Central City Ky.</u>	