

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

52-25721

REGISTRAR'S NO. 286

Registration District No. 1085 Primary Registration District No. 2436

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) OR TOWN <u>Greenville</u>		c. LENGTH OF STAY in this place <u>015 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route I</u>		
d. FULL NAME OF HOSPITAL (If not in hospital or institution, give street address or location) <u>Muhlenberg Co. Community Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>Greenville.</u>		
3. NAME OF DECEASED a. (First) <u>Ulysses</u> b. (Middle) <u>S</u> c. (Last) <u>Nossinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5 - 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 6, 1881</u>	9. AGE (In years last birthday) <u>71</u>	If Under 1 Year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>11</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co., Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James R. Nossinger</u>			14. MOTHER'S MAIDEN NAME <u>Mary J. McDonald</u>		
15. WAS DECEASED EVER IN U. S. ARMY OR FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>3</u>	17. INFORMANT <u>Mrs. Courtland Sparks</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUE TO (b) <u>General Arteriosclerosis</u>				<u>5 hrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Chronic Hypertension</u>				<u>5 yrs</u>
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 <u>331X-010-10</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 WORK <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 <u>Dec 5, 1952</u> to <u>Dec 5, 1952</u> , that I last saw the deceased alive on <u>Dec 5, 1952</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED <u>12/5/52</u>	23b. ADDRESS <u>Greenville Ky</u>	23c. SIGNATURE (Degree or title) <u>Charles Wilson W.D.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 7, 1952</u>	24c. NAME OF CEMETERY OR OBTURATOR <u>Evergreen</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville, Muhlenberg Ky.</u>		
25a. DATE REC'D BY LOCAL REG. <u>12-12-52</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Halge</u>	26. FUNERAL DIRECTOR ADDRESS <u>Saupe Funeral Home, Greenville, Ky.</u>			