

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- 11711

REGISTRAR'S NO. 288

Registration District No. 350 Primary Registration District No. 4751

|  |                              |   |  |   |                           |   |                                  |
|--|------------------------------|---|--|---|---------------------------|---|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Christian</b>   |                              |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Kentucky</b> b. COUNTY <b>Muhlenberg</b> |                           |   |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Hopkinsville, Rural</b>  |                              | c. LENGTH OF STAY (in this place)<br><b>10 da</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Greenville</b> <b>089</b>                               |                           |   |                                  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE <b>Western State Hospital 05</b>   |                              |   |  | d. STREET ADDRESS (If rural, give location)<br><b>RFD</b>   |                           |   |                                  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>B.</b><br>b. (Middle) <b>M.</b><br>c. (Last) <b>Rice</b>   |                              |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>May 29 1953</b> |   |                           |   |                                  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   | 8. DATE OF BIRTH<br><b>April 23, 1861</b>                      | 9. AGE (In years last birthday)<br><b>92</b>  | If Under 1 Year<br>Months | If Under 1 Year<br>Days   | If Under 24 Hrs<br>Hours<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Lumberman, Farmer</b>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>1)</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Muhlenberg County Ky /</b>  |                           | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |                                  |
| 13. FATHER'S NAME<br><b>Moses M. Rice</b>  |                              |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Amanda Drake</b>   |                           |   |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unknown</b>  |                              | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   |  | 17. INFORMANT <b>Records: Western State Hospital Hopkinsville, Ky</b>   |                           |   |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                              |                              | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive Cardiovascular disease</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile psychosis</b> |  |   |                           | INTERVAL BETWEEN ONSET AND DEATH<br><b>5/19/53 ??</b><br><br><b>Several yrs.</b>    |                                  |
| 19a. DATE OF OPERATION   |                              | 19b. MAJOR FINDINGS OF OPERATION<br><b>423 X - 083 - 17</b>   |  |   |                           | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                  |
| 21a. ACCIDENT (Specify)<br>SUICIDE<br>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 WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |                           |   |                                  |
| 22. I hereby certify that I attended the deceased from <b>May 19</b> , 1953, to <b>May 29</b> , 1953, that I last saw the deceased alive on <b>May 28</b> , 1953, and that death occurred at <b>5:50 A. m.</b> from the causes and on the date stated above. |                              |   |  |   |                           |   |                                  |
| 23a. DATE SIGNED<br><b>5/29/53</b>   |                              | 23b. ADDRESS<br><b>Western State Hospital</b>   |  | 23c. SIGNATURE (Degree or title)<br><b>R. B. Blackwelder M.D.</b>   |                           |   |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                              | 24b. DATE<br><b>5/30</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Muhl Co.</b>   |                           | 24d. LOCATION (City, town, or county) (State)<br><b>Greenville, Ky</b>              |                                  |
| 25a. DATE REC'D BY LOCAL REG.<br><b>6-8-53</b>   |                              | 25b. REGISTRAR'S SIGNATURE<br><b>Lennie H. Myers</b>  |  | 25c. GENERAL DIRECTOR<br><b>James H. ...</b>  |                           | ADDRESS<br><b>Funeral Home</b>  |                                  |