

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <b>Muhlenberg</b>			2. USUAL RESIDENCE a. STATE <b>Ky.</b> b. COUNTY <b>Muhlenberg</b> <small>(Where deceased lived. If institution: residence before admission)</small>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Depoy, Kentucky</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Depoy, Kentucky</b> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b> <small>(If not in hospital or institution, give street address or location)</small>			d. STREET ADDRESS <b>Residence</b> IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) <b>Beecher Roark</b> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH <b>Sept. 18, 1959</b> (Month) (Day) (Year)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 16, 1892</b>	9. AGE (In years last birthday) <b>67</b>	10. If Under 1 Year: Months Days 11. If Under 24 Hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired) <b>Car Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (State or foreign country) <b>Muhlenberg County, Ky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13. FATHER'S NAME <b>John Roark</b>		
14. MOTHER'S MAIDEN NAME <b>Francis Highly</b>			15. WAS DECEASED (Yes, no, or unknown) <b>no</b>		
16. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs. Thomas J. Lytle</b>			18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia, Prostatic hypertrophy</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) <b>Arteriosclerosis</b> STATE THE UNDERLYING CAUSE LAST. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Hypertensive Cardiovascular disease.</b>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20. ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			21b. TIME OF INJURY Hour Month, Day, Year		
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21e. CITY, TOWN, OR LOCATION			COUNTY STATE		
22. I hereby certify that I attended the deceased from <b>Jan 3, 1957</b> to <b>Sept 18, 1959</b> , that I last saw the deceased alive on <b>Sept 17, 1959</b> , and that death occurred <b>2:15 Am.</b> , from the causes and on the date stated above.					
23a. DATE SIGNED <b>Sept 19, 1959</b>		23b. ADDRESS <b>Greenville, Ky</b>		23c. SIGNATURE <b>Bylan H Woodruff M.D.</b> <small>(Degree or title)</small>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 19, 1959</b>		24c. NAME OF CEMETERY OR CREMATORIUM <b>Corley's Chapel</b>	
24d. LOCATION (City, town, county) (State) <b>Muhlenberg Co.,--Kentucky</b>		25a. DATE REC'D BY LOCAL REG. <b>10-1-59</b>			
25b. REGISTRAR'S SIGNATURE <b>Margaret Hulse</b>			25c. FUNERAL DIRECTOR ADDRESS <b>Gary's Funeral Home--Greenville, Ky.</b>		