

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 15591

REGISTRAR'S NO. 181

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky b. COUNTY McLean	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bremen		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sacramento 075	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Loyd	b. (Middle) Thomas	c. (Last) Rust	(Month) July	(Day) 11	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 28 1882	9. AGE (In years last birthday) 70	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY 30	11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME J. M. Rust			14. MOTHER'S MAIDEN NAME Eunice Lynn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Thomas Rust		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331 X - 070-86	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) W	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) (Min.) 7/11/52	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 July 7, 1952 to July 11, 1952, that I last saw the deceased alive on July 11, 1952 and that death occurred at 3:50 P.m. from the causes and on the date stated above.

23a. DATE SIGNED 7/14/52	23b. ADDRESS Sacramento, Ky	23c. SIGNATURE Philip J. Malagonis, M.D.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 13 1952	24c. NAME OF CEMETERY OR CREMATORY Poplar Grove
24d. LOCATION (City, town, or county) (State) McLean Co. Ky.	25a. REGISTRAR'S SIGNATURE Margaret Hays	25b. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Central City, Ky