

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS  
XC-5 427 101  
R-65809

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 4079

Registration District No. 755

Primary Registration District No. 6101

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kentucky</b>		b. COUNTY <b>Muhlenberg</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisville</b>		c. LENGTH OF STAY (In this place) <b>14 5/4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Central City</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>Veterans Administration Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>Box 3</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Go</b>	b. (Middle) <b>W.</b>	c. (Last) <b>VanMeter</b>	<b>July</b>	<b>30</b>	<b>1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 16, 1914</b>	9. AGE (In years last birthday) <b>39</b>	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- 20</b>		11. BIRTHPLACE (State or foreign country) <b>South Carrollton, Ky.</b>	
13. FATHER'S NAME <b>William Van Meter</b>			14. MOTHER'S MAIDEN NAME <b>Bona Califf</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT <b>Hospital Records</b>	

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)		<b>Hypertensive cardiovascular disease</b>			<b>Approx. 9 mos.</b>	
ANTECEDENT CAUSES		DUE TO (b)			<b>Unk.</b>	
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>442X-083-17</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Min.)		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 <sup>VA</sup> attended the deceased from **June 6, 1953** to **July 30, 1953**, and that death occurred at **2:36 a.m.**, from the causes and on the date stated above.

23a. DATE SIGNED <b>July 30, 1953</b>		23b. ADDRESS <b>Louisville, Ky.</b>		23c. SIGNATURE <b>R. R. Kaplan, M.D., Chief, Professional Svcs</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/30/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>South Carrollton Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Muhlenberg Co., Kentucky</b>		25a. DATE REC'D BY LOCAL REG.		25b. REGISTRAR'S SIGNATURE <b>Wanda C. Chandler</b>	
25c. NAME OF CEMETERY OR CREMATORY <b>ELLIOTT &amp; ELLIOTT FUNERAL HOME</b>		25d. ADDRESS <b>234 HOKINSVILLE ST., GREENVILLE, KY.</b>		26. FUNERAL DIRECTOR <b>Wanda C. Chandler</b>	

AUG 3 1953