

Whiteker, Stephen Rees 1952 - 1952

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		Department of Health BUREAU OF VITAL STATISTICS		FILM NO. 116	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH		REGISTRAR'S NO. 53		52 ^{Smith} 9620	
Registration District No. 670		Primary Registration District No. 2240					
1. PLACE OF DEATH a. COUNTY HARRISON				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE KENTUCKY b. COUNTY HARRISON			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN CYNTHIANA		c. LENGTH OF STAY (If this place) 6 ALL LIFE		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN CYNTHIANA		d. STREET ADDRESS (If rural, give location) HARRISON MEMORIAL HOSPITAL <i>Parkland Heights</i>	
3. NAME OF DECEASED a. (First) STEPHEN b. (Middle) REES c. (Last) WHITEKER				4. DATE OF DEATH (Month) (Day) (Year) APRIL 12 1952			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH APRIL 7, 1952	9. AGE (In years last birthday) If Under 1 Year: Months Days If Under 14 Hrs: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HARRISON CO. KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MCELVYN WHITEKER, Sr				14. MOTHER'S MAIDEN NAME JOANNE JONES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT MCELVYN WHITAKER			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Coronary Artery Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Heart Disease</i> DUE TO (c) 18. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7600-130-28		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 1 A.M., from the causes and on the date stated above.							
23a. DATE SIGNED 5/19/52		23b. ADDRESS Cynthiana, Ky		23c. SIGNATURE <i>Herbes L. Morgan</i> (Degree or title)			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 14, 1952		24c. NAME OF CEMETERY OR CREMATORY BATTLE GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) CYNTHIANA, KY.	
25a. DATE REC'D BY LOCAL REG 5-19-52		25b. REGISTRAR'S SIGNATURE <i>Birsha E. Morgan</i>		26. FUNERAL DIRECTOR SMITH-REES CO.		ADDRESS CYNTHIANA, KY.	
BY. HERBES L. MORGAN, #2741							

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