

Caudill, Russell Oliver 1954 - 1955

Georgetown News – February 4, 1955

Russell O. Caudill

Russell Oliver Caudill, four-four-month-old son of William and Minnie Bruin Caudill, died unexpectedly at 10 a. m. Sunday. The youngster, who was stricken ill at his home on the Muddy Ford pike was dead on arrival at the John Graves Ford Memorial Hospital.

In addition to his parents, other survivors include two sisters, Barbara and Phyllis Marie Caudill; four brothers, William Everett Tinsley, James Preston and Lewis Ray Caudill; maternal grandparents Mr. and Mrs. Everett Bruin, of Georgetown, and his great-grandmother, Mrs. Will Bruin, Georgetown.

Funeral services were conducted at 2 p. m. Monday in the Georgetown cemetery by Dr. Dan C Moore.

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Form 7. 2-1-4 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		DEATH NO. <u>114 55- 1524</u>	
Registration District No. <u>3330</u>		Primary Registration District No. <u>25458211</u>			
1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (When deceased lived, if institution or residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Scott</u>			
3. CITY (If outside corporate limits, write BORAL and give street or town) <u>Georgetown, rural</u>		5. LENGTH OF STAY (in this place)		4. CITY OR TOWN (If outside corporate limits, write BORAL and give township) <u>Georgetown, rural</u>	
6. FULL NAME OF HOSPITAL OR INSTITUTION <u>Muddy Ford Road</u>		7. STREET ADDRESS <u>Muddy Ford Road</u>			
8. NAME OF DECEASED a. (First) <u>Russell</u> b. (Middle) <u>Oliver</u> c. (Last) <u>Caudill</u>		9. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1955</u>		10. AGE (In years last birthday) <u>4</u> <u>30</u> Months <u>30</u> Days <u>30</u>	
11. SEX <u>Male</u>		12. COLOR OR RACE <u>white</u>		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) <u>Ky.</u>	
17. FATHER'S NAME <u>William Caudill</u>		18. MOTHER'S MAIDEN NAME <u>Minnie Bruin</u>			
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		20. SOCIAL SECURITY NO.		21. INFORMANT <u>William Caudill</u>	
22. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c))		23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>edema of lungs following</u>		24. INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
25. ANTECEDENT CAUSE		26. DUE TO (b) <u>chicken pox</u>			
27. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death)		28. DUE TO (c)			
29. DATE OF OPERATION		30. MAJOR FINDINGS OF OPERATION <u>087X-043-11</u>		31. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
32. ACCIDENT (Suicide, HOMICIDE)		33. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		34. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
35. TIME OF INJURY		36. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. HOW DID INJURY OCCUR?	
38. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.					
39. DATE SIGNED <u>Jan. 31 1955</u>		40. ADDRESS <u>Georgetown, Ky.</u>		41. SIGNATURE <u>Jack B. Tucker</u> Coroner <u>Scott Co.</u>	
42. SERIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		43. DATE <u>Jan. 31, 1955</u>		44. NAME OF CEMETERY OR CREMATORY <u>Georgetown Cemetery</u>	
45. DATE REC'D BY LOCAL REG. <u>2-9-55</u>		46. REGISTRAR'S SIGNATURE <u>J. J. Simons</u>		47. FUNERAL DIRECTOR <u>Tucker Funeral Home</u> ADDRESS <u>Georgetown, Ky.</u>	
48. Jack B. Tucker, funeral director					