

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHState File No. **20256**Registrar's No. **5397**Registration District No. **103**Primary Registration District No. **2275**

## 1. PLACE OF DEATH:

- (a) County **Jefferson**  
 (b) City or town **Paris, Ky.**  
 (c) Name of hospital or institution: **St. Joseph Infirmary**  
 (If outside city or town limits, write RURAL)  
 (If north hospital or institution write street number or location)  
 (d) Length of stay: In hospital or community \_\_\_\_\_  
 (years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Ky.** (b) County **Morgan**  
 (c) City or town **Barberton, Ky.**  
 (If outside city or town limits, write RURAL)  
 (d) Street No. **N. 3rd St.**  
 (If rural give precinct)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME **Mr. H. O. Stiles**

3(b) If veteran, \_\_\_\_\_

3(c) Social Security  
No. \_\_\_\_\_4. Sex **M.** 5. Color or race **White** (a) Single, widowed, married, divorced \_\_\_\_\_(b) Name of husband or wife **Nancy Reppert Stiles**(c) Age of husband or wife if alive **54**7. Birth date of deceased **3-8-1884** (Month) (Day) (Year)8. AGE: Years **57** Months **9** Days **4** If less than one day \_\_\_\_\_ min.9. Birthplace **Rogers, Ky.**10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

FATHER 12. Name **John R. Stiles**13. Birthplace **Ky.**MOTHER 14. Maiden name **Sallie Beam**15. Birthplace **Ky.**16(a) Informant's own signature **Jack Stiles**(b) Address **Barberton**17. BURIAL, CREMATION, OR REMOVAL  
Place **St. Joseph Catholic** Date **12-15-1941**18(a) Signature of funeral director **Madison Sporn, Jr.**(b) Address **Barberton**19(a) **DEC 15 1941** (Date received by local registrar) (b) \_\_\_\_\_ (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH **December 12, 1941**21. I hereby certify that I attended the deceased from **Oct. 28, 1941** to **December 12, 1941**, that I last saw him alive on **December 12, 1941**, and that death occurred on the date stated above at **9:20 A.M.**

Immediate cause of death:

**Multiple embolism - thrombus at bifurcation of Aorta & junction of Rt. leg.**

Due to

**Coronary Arteriosclerosis**

DURATION:

**2 weeks  
3 years**

Other conditions

**see 32-13**  
(Include pregnancy within 3 months of death)

Major findings:

Of operations **Amputation Rt. leg. - Amputation****high Dec. 6, 1941.**Of autopsy **Multiple thrombi**

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? In or about home, on farm, in industrial place in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_

(b) Means of injury \_\_\_\_\_

23. Signature **W. H. Stiles M.D.**Address **850 Eastern Parkway** Date signed **12/14/41**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

