

Hessling, Infant 1950 - 1950

Form V. S. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		<b>COMMONWEALTH OF KENTUCKY</b> Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		50 19630 State File No. 118- Registrar's No. 712			
Registration District No. 790		Primary Registration District No. 2280					
1. PLACE OF DEATH a. COUNTY Kenton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky b. COUNTY Kenton					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth		d. STREET ADDRESS (If rural, give location) 2119 Madison					
3. NAME OF DECEASED a. (First) Infant (Type or Print)		b. (Middle) Hessling		c. (Last) Hessling			
4. DATE OF DEATH (Month) (Day) (Year) 7 19 50		5. SEX M		6. COLOR OR RACE Wh.			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH July 18, 1950		9. AGE (In years last birthday) If Under 1 Year: Months Days If Under 24 Hrs: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Covington, Ky.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Robert Hessling		14. MOTHER'S MAIDEN NAME Patricia Telford			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Robert Hessling			
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, nephritis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Delectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature - 8 mo</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7625 - 131-23		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 bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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: I attended the deceased from 7-18, 1950 to 7-19, 1950, that I last saw the deceased alive on 7-19, 1950, and that death occurred at 6 A.M. from the causes and on the date stated above.							
23a. DATE SIGNED 7-21-50		23b. ADDRESS Newport Ky		23c. SIGNATURE J. Hessling			
24a. BURIAL, CREMATION, REMOVAL (See 427) Burial		24b. DATE 7/20/50		24c. NAME OF CEMETERY OR CREMATORY St. John			
24d. LOCATION (City, town, or county) (State) Ft. Mitchell Ky.		25a. DATE REC'D BY JUL 22 1950		25b. REGISTRAR'S SIGNATURE Addie Guerrero			
26. FUNERAL DIRECTOR Middendorf		ADDRESS Covington, Ky.					