

Fields, Etta Kearns 1893 - 1955

Funeral services for Mrs. Etta Kearns Fields of 300 East Pleasant St. who died at 9 p.m. Sunday, Oct 30 1955, at Gibson Hospital, Richmond, Ky., after a month's illness, were held at Smith-Rees Chapel Tuesday afternoon, conducted by Rev. Dr. Floyd D. Rose. A native of Harrison County, she was born Feb 9, 1893 a daughter of Mattie Mullen Kearns and the late James Kearns. She was the widow of the late Porter Fields who died 1942. She is survived by one son Randall Fields, city editor of The Daily Register, Richmond, Ky.; three sisters, Mrs. Ed Honican, and Mrs. Lee Smith, Cynthiana, and Mrs. Wallace Browning, Falmouth; two brothers, Rector Kearns, Harrison County, and Stanley Kearns, Cynthiana. She was a member of the First Methodist Church. Burial in Battle Grove Cemetery

Fields, Etta Kearns 1893 - 1955

Form V. E. 1-A		COMMONWEALTH OF KENTUCKY		55-2333		
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS		REG. DIST. 116		
Registration District No. <u>970</u>		Primary Registration District No. <u>2370</u>		CERTIFICATE OF DEATH		
1. PLACE OF DEATH a. COUNTY MADISON		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 RICHMOND		c. LENGTH OF STAY (in this place) 3 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CYNTHIANA <u>041</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION GIBSON HOSPITAL		d. STREET ADDRESS (If rural, give location) EAST PLEASANT STREET				
3. NAME OF DECEASED a. (First) ETTA (Type or Print)		b. (Middle) FIELDS		c. (Last) FIELDS		
4. DATE OF DEATH (Month) (Day) (Year) OCT 30, 1955		5. SEX FEMALE		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEBRUARY 9, 1893		9. AGE (In years last birthday) 62		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) HARRISON COUNTY, KENTUCKY.		
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME JAMES KEARNS		14. MOTHER'S MAIDEN NAME MATTIE MULLIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT MR. RANDALL FIELDS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication to which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V. Dis.</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 <u>H201 051-16</u>			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, other bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Oct 15, 1955</u> to <u>Oct 30, 1955</u> , that I last saw the deceased alive on <u>Oct 30, 1955</u> , and that death occurred at <u>9:00 P.m.</u> from the causes and on the date stated above.						
23a. DATE SIGNED		23b. ADDRESS <u>Richmond, Ky.</u>		23c. SIGNATURE <u>W. C. Clay & Md.</u> (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/1/1955		24c. NAME OF CEMETERY OR CREMATORY BATTLE ROVE CEMETERY		
24d. LOCATION (City, town, or county) (State) CYNTHIANA, KENTUCKY.		25a. DATE REC'D BY LOCAL REC. <u>11-3-55</u>		25b. REGISTRAR'S SIGNATURE <u>MAX E. BLUE, M. D.</u> By: <u>Max E. Blue</u> Deputy		
26. FUNERAL DIRECTOR SMITH - REEB CO.		ADDRESS CYNTHIANA, KENTUCKY.				
BY <u>Odessa Tucker</u> # 2275						