

Georgetown News - April 25, 1952

TWO-MONTH OLD INFANT DIES

Carol Jean Hedges, two-month-old daughter of Clarence and Ollie Pullen Hedges, died at 1 p. m. Monday at the John Graves Ford Memorial hospital.

Other survivors include a sister, Linda M.; a brother, Dennis; her paternal grandparents, Mr. and Mrs. H. L. Hedges, Bourbon county, and maternal grandfather, Frank Pullen, Scott county.

Funeral services were conducted at 2 p. m. Tuesday at the Georgetown cemetery by the Rev. J. H. Harper.

Hedges, Carol Jean 1952 - 1952

| Form V. R. 1-A 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 | | FILE NO. 116 <u>52</u> <u>8540</u> |
|---|--|--|--|---|
| Registration District No. <u>1330</u> | | Primary Registration District No. <u>2515</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Scott</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Georgetown</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Georgetown</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>John Graves Ford Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>410 Oak Street</u> | | |
| 3. NAME OF DECEASED a. (First) <u>Carol</u> b. (Middle) <u>Jean</u> c. (Last) <u>Hedges</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1952</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED , WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>Feb. 28, 1952</u> | 9. AGE (In years (a) (b) (c) (d)) a. <u>1</u> b. <u>24</u> c. <u>00</u> d. <u>00</u> |
| 10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired | | 10b. KIND OF BUSINESS OR INDUSTRY <u>00</u> | 11. BIRTHPLACE (State or foreign country) <u>Ky.</u> | |
| 12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>Clarence Hedges</u> | | |
| 14. MOTHER'S MAIDEN NAME <u>Ollie Pullen</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Clarence Hedges</u> | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>1 week</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>752X-129-28</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) <u>SUICIDE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21e. INJURY OCCURRED WHILE AT <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 <u>28 Feb</u> , 19 <u>52</u> , to <u>21 April</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>21 April</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | |
| 23a. DATE SIGNED <u>21 April 1952</u> | 23b. ADDRESS <u>110 S. Hamilton Georgetown Ky</u> | 23c. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL, HUMERUS? <u>Burial</u> | 24b. DATE <u>4-22-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Georgetown Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Georgetown, Ky.</u> | |
| 25a. DATE REC'D BY <u>4/28/52</u> | 25b. REGISTRAR'S SIGNATURE <u>[Signature]</u> 25c. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Georgetown Ky.</u> | | | |

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