

Kentucky Times Star – December 1, 1949

Rites Saturday For Victim of Heart Attack

Solemn requiem high mass will be intoned in St. Agnes Church, Lookout Heights, for Harold Fisse, 55, 613 South Arlington Road, Park Hills, Saturday at 9 a. m. He suffered a fatal heart attack Wednesday while driving a service truck of the Yellow Taxicab Co., Cincinnati.

Cincinnati police reported that Fisse apparently anticipated the attack, because he had turned off the ignition key before death and before the truck rolled over the sidewalk at Marburg Avenue and Madison Road, Cincinnati, and struck a pole.

Fisse, a mechanic for the Cincinnati concern, leaves his widow, Mrs. Ida Fisse; a daughter, Miss Dorothy Fisse, and a son, Harold Fisse, both at home, an older brother, Fred Fisse, Cincinnati.

A native Cincinnati, he had lived in Covington for the past 30 years and held membership in the Linden Mutual Aid Society.

Burial will be in St. Mary Cemetery, St. Bernard, O., directed by Radel funeral home, Covington.



Fisse, Harold 1894 - 1949

OHIO DEPARTMENT OF HEALTH											
DIVISION OF VITAL STATISTICS											
CERTIFICATE OF DEATH											
Reg. Dist. No. <u>494</u>				State File No. <u>69100</u>				Registrar's No. <u>6765</u>			
Primary Reg. Dist. No. <u>8227</u>											
1. PLACE OF DEATH a. COUNTY <u>Hamilton</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Kenton</u>							
b. CITY (If outside corporate limits, write RURAL OR VILLAGE) <u>Cincinnati</u>				c. CITY (If outside corporate limits, write RURAL OR VILLAGE) <u>Park Hills</u>				c. LENGTH OF STAY (In this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General</u>				d. STREET (If rural, give location) ADDRESS <u>613 South Arlington Mt. Allen</u>							
3. NAME OF DECEASED (TYPE OR PRINT) <u>Harold</u>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <u>Nov. 30 1949</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 9 1894</u>		9. AGE (In years last birthday) <u>55</u>		Under 1 Year If Under 24 Hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Maintenance Man</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Yellow Cab Co.</u>			11. BIRTHPLACE (State or foreign country) <u>Cincinnati, Ohio</u>			12. CITIZEN OF WHAT COUNTRY? <u>yes</u>		
13. FATHER'S NAME <u>Frank Fisse Cin. O.</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Smith Cin. O.</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>no</u>			16. SOCIAL SECURITY NO. <u>268-07-0392</u>			17. INFORMANT'S SIGNATURE <u>Ida Fisse Wife</u>					
18. CAUSE OF DEATH				MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES							
				Morbidity 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.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)			21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED While at <input type="checkbox"/> Work Not While at Work <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Herbert P. Lyle, M.D.</u>							23b. ADDRESS <u>Cornucopia</u>			23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 3 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary Cin. O.</u>			24d. LOCATION (City, town, or county) (State) <u>St. Bernard Ohio.</u>				
BIRTH NO. Do not write in this space				NAME OF EMBALMER (LIC. NO.) <u>Harry Matthews 1578 Ky</u>							
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>R. E. Wehr M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>J. J. Radel Co. 1005 Madison Ave.</u>						

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