

Form V. B. 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 53 15904
 REGISTRAR'S NO. 57

Registration District No. 320 Primary Registration District No. 2106

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grayson</u>	c. LENGTH OF STAY (in this place) <u>01</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Grayson</u>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>J.D. Stoval Memorial</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Seamus</u> b. (Middle) <u>Allen</u> c. (Last) <u>Hedge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>July 31, 1953</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>	9. AGE (In years last birthday) If Under 1 Year: Months <u>1</u> Days <u>1</u> If Under 24 Hrs: Hours <u>1</u> Min. <u>1</u>
11. BIRTHPLACE (State or foreign country) <u>Grayson Ky</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Arthur Hedge</u>		14. MOTHER'S MAIDEN NAME <u>Opal Marie Buschett</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mother</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seema incident to</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mid forceps delivery</u>		
	DUE TO (c) <u>Posterior. Occip. Presentation</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7610-130-28</u>			
19a. DATE OF OPERATION <u>7-31-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Occipito-posterior Presentation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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? <u>Mid forceps delivery</u>	

22. I hereby certify that I attended the deceased from July 31st, 1953, to July 31st, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. DATE SIGNED	23b. ADDRESS <u>Grayson, Ky.</u>	23c. SIGNATURE <u>R.J. Townsend, M.D.</u> (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug. 1st, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hedge Cemetery</u>
25a. DATE REC'D BY LOCAL REG. <u>8-6-53</u>	25b. REGISTRAR'S SIGNATURE <u>Christina Mary Lewis</u>	24d. LOCATION (City, town, or county) (State) <u>Olive Hill - Carter, Ky</u>
26. FUNERAL DIRECTOR <u>Henderson Funeral Home</u> <u>Olive Hill, Kentucky</u>		