

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23687**
 Registrar's No. **752**

FILED JUL 21 1952

BIRTH NO. 12634 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 4 mo.		d. STREET ADDRESS (If rural, give location) 2510 So. 10th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2510 So. 10th St.			

3. NAME OF DECEASED (Type or Print) Fred		a. (First) Richard		b. (Middle) Hausler		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 7/ 14/ 52	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH March 5, 1952		9. AGE (In years last birthday) 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Hausler		13b. MOTHER'S MAIDEN NAME E. June Randall		14. NAME OF HUSBAND OR WIFE -----	
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'S SIGNATURE OR NAME Mr. Wm. Hausler	
				ADDRESS St. Joseph	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation		INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E9240 18			
		DUE TO (c) Baby strangulated in its crib, between the head end of the mattress and head end of			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. the crib, after 10:30 pm. on 7/13/52			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION and 4:30 am. on 7/14/52. 131		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 14 - 1952 4:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Falling between end of mattress and crib	

22. I hereby certify that I examined the deceased **born on 7/14, 1952**, to **10**, **19**, that I last saw the deceased alive on **19**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. F. Mandy M.D. (Coroner)		(Degree or title)		23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 7/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/16/52		24c. NAME OF CEMETERY OR CREMATORY Turner Ceme. Wallace, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. July 16, 1952		REGISTRAR'S SIGNATURE Carl C. Cas		25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry		ADDRESS St Joseph Mo	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

0117

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Victor Barry.....

Licensed Embalmer No. 212.....

P. O. Address St Joseph Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.