

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 71

264

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

| | | | | | |
|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Missouri</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 0264</u> | | |
| c. LENGTH OF STAY (in this place) <u>5 Days</u> | | | d. STREET ADDRESS (If rural, give location) <u>1233 Moreland 0</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | | | | |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED. (Type or Print) a. (First) <u>Helen</u> b. (Middle) _____ c. (Last) <u>Hauser</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1953</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 19, 1913</u> | 9. AGE (In years last birthday) <u>39</u> | IF UNDER 1 YEAR: Months <u>4</u> Days <u>29</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>James A. Hanlon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Byrne</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lloyd Hauser</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd Hauser Jefferson City Mo.</u> | |

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|---|---|--|---|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Middle Cerebral artery with hemorrhage.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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. <u>E9040 121</u> | | |

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|--|--|---|--|--|--|
| 19a. DATE OF OPERATION <u>Mar 17-53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Ruptured Cerebral artery with hemorrhage 121</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Jefferson City Cole Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 15 1953 3:07 p.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW THE INJURY OCCURRED <u>Fell off saw</u> | |

22. I hereby certify that I attended the deceased from March 16, 1953, to March 17, 1953, that I last saw the deceased alive on March 17, 1953, and that death occurred at 12:05 a.m. from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE <u>Marshall W. Kelly, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Jefferson City</u> | | 23c. DATE SIGNED <u>3/20/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>March 20, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u> | |
| | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u> | | | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>March 20-53</u> | | REGISTRAR'S SIGNATURE <u>R. P. Davis</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sylvester ... J. C. Mo.</u> | |
|---|--|--|--|---|--|

JUN 8 1954

MAR 27 1953

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 _____

Sylvester Dull

Licensed Embalmer No. _____

4321

P. O. Address _____

Jefferson City, 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.