

U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
STANDARD CERTIFICATE OF DEATH

State File No. **31816**
Registrar's No. **4396**

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4396</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 YEARS</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				e. STREET ADDRESS (If rural, give location) <u>1403 College</u>		<u>3248</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>D.</u>		c. (Last) <u>Hausen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 3 1953</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>		8. DATE OF BIRTH <u>SEPT-2 1868</u>			
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-YRS. ASSOCIATE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHAWNEE DAIRY CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FRANKLIN GROVE ILLINOIS</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>CHARLES HAUSEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BRADSTREET</u>		14. NAME OF HUSBAND-OR WIFE _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MISS TILDA C. NELSON</u>		ADDRESS <u>1403 COLLEGE KANSAS CITY, MO.</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary congestion and edema</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left incarcerated inguinal hernia</u>				4:00	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED WHILE AT WORK <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>9-3, 1953</u> , to <u>9-3, 1953</u> , that I last saw the deceased alive on <u>9-3, 1953</u> , and that death occurred at <u>2:37 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>KANSAS CITY MISSOURI</u>		23c. DATE SIGNED <u>SEPT-4-1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>SEPT. 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMB'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>9-8-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomb Sons</u>		ADDRESS <u>1331-BRUSH CREEK KANSAS CITY, MO.</u>			

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

Dr. Williams

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.....
Signature of Student Embalmer

Signed.....
Basil Honey

Licensed Embalmer No.....
24724

P. O. Address.....
Cashland

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.