FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25173
STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Flight Line Whiteman AFB, Mo — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2436 W. 3rd Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Herman Middle Christian Last Hauser
4. DATE OF DEATH Month August Day 6 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 20 August 1915
9. AGE (In years last birthday) 41 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USAF
10b. KIND OF BUSINESS OR INDUSTRY Military
11. BIRTHPLACE (City and state or country) Kingfisher, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Not Given (deceased)
14. MOTHER'S MAIDEN NAME Not Given (deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1942 - 1957
16. SOCIAL SECURITY NO. 493-14-0337
17. INFORMANT Personal Affairs Records — Address Whiteman AFB, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Inhalation smoke, fumes, + heat 866 X
DUE TO (c) 39
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Extensive second and third degree burns entire body
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Aircraft crash accident
20c. TIME OF INJURY 5:10 Hour ~~a.m.~~ p.m. Month, Day, Year Aug. 6, 57
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Flight Line
20f. CITY, TOWN, OR LOCATION Whiteman AFB — COUNTY Johnson — STATE Missouri
21. I ~~attended~~ viewed the deceased at 6:30 p.m. to August 6, 1957 and ~~[illegible]~~
Death occurred at 5:15 m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Carl R Beatty
22b. ADDRESS Whiteman AF Base, Missouri
22c. DATE SIGNED 6 Aug 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-9-57
23c. NAME OF CEMETERY OR CREMATORY Springfield Mo
23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR R A Braumeyer — ADDRESS Warrenburg Mo
25. DATE RECD. BY LOCAL REG. 8/8/57
26. REGISTRAR'S SIGNATURE Erma L Beatty

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R A Brauninger

Licensed Embalmer No. 3

P. O. Address Warrenb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.