

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012469
STATE FILE NUMBER

FILED APR 20 1959
XC-1-724-617

REG. #A537

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 171

300
1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN LILBOURN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 319 SOUTH 6TH STREET	
Length of stay in lb 1 DAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First JAMES	Middle ORAN	Last HAUSER	4. DATE OF DEATH	Month MARCH	Day 31	Year 1959
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-14-94	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) UNION CITY, TENNESSEE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME OLIVER HAUSER	13b. MOTHER'S MAIDEN NAME LIZZIE HOLLOWAY	14. NAME OF HUSBAND OR WIFE ELSIE HAUSER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH Several years
DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED.		Several yrs.
DUE TO (c) ALCOHOLISM, ACUTE AND CHRONIC.		Several yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EDEMA, SECONDARY TO DIAGNOSIS #1.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from March 31, 1959 to March 31, 1959 and last saw him alive on Death occurred at 9:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. C. W. GASKINS, M.D., Chief, Surgical Svc. VA Hospital, Poplar Bluff, Mo.	(Degree or title) 0	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 4/3/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-2-59	23c. NAME OF CEMETERY OR CREMATORY Mounts Park	23d. LOCATION (City, town, or county) (State) Near Lilbourn, Mo.
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24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4/11/59	26. REGISTRAR'S SIGNATURE [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 12 1959

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 *Homer L. Ponder*

Licensed Embalmer No. *8367*
P. O. Address *Tilbourn*

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.