

FEDERAL BUREAU OF INVESTIGATION  
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040095

FILED VS DEC 10 1959

STATE FILE NUMBER

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 5554

UNRECORDED

|  |  |   |  |   |   |  |  |                                     |  |
|--|--|---|--|---|---|--|--|-------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>Jackson</b>                  |   |  |  |                                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>  |  | Length of stay in 1 hr. <b>7 weeks</b>  |  | c. CITY OR TOWN <b>KANSAS CITY</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |                                     |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>V A HOSPITAL</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>3324 WOODLAND, APT. 101</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                     |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>HOMER</b> Middle <b>WILLIAM</b> Last <b>HAUG</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>16</b> Year <b>1959</b>  |   |  |  |                                     |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH <b>12-1-90</b>  |  | 9. AGE (last birthday) <b>68</b>    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Civil Service U.S. Army</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Engineers</b>                                |   | 11. BIRTHPLACE (City and state or country)<br><b>Leavenworth, Kansas</b>        |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                               |                                     |  |
| 13a. FATHER'S NAME<br><b>William Haug</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Alice Haug</b>   |  |                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WWT</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>493 24 5596</b>  |   | 17. INFORMANT<br><b>VA Hospital Official Records, K.C. Mo.</b>                  |  |  | Address                             |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |  |   |  |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH    |  |
| IMMEDIATE CAUSE (a) <b>Pulmonary congestion and edema</b>  |  |   |  |   |   |  |  |                                     |  |
| DUE TO (b) <b>Cardiac failure</b>  |  |   |  |   |   |  |  |                                     |  |
| DUE TO (c) <b>Rheumatic and arteriosclerotic heart disease</b>   |  |   |  |   |   |  |  |                                     |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |                                     |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.)  |   |  |  |                                     |  |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/><br>a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>  |  | 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                        |  |
| 21. Attended the deceased from <b>November 4, 1959</b> to <b>November 16, 1959</b><br>Death occurred at <b>10:55</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |   |  |  |                                     |  |
| 22a. SIGNATURE<br><b>J. A. Turner</b> (Degree or title)<br><b>J. A. TURNER, M.D.</b>   |  |   |  | 22b. ADDRESS<br><b>VA Hospital, Kansas City, Mo.</b>  |   |  |  | 22c. DATE SIGNED<br><b>11-17-59</b> |  |
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>11/19/1959</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Fort Leavenworth Kansas</b>  |  |                                     |  |
| 24. FUNERAL DIRECTOR<br><b>D.W. Newcomers Sons</b> ADDRESS<br><b>1331 Brush Creek Blvd. Kansas City Missouri</b>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-18-59</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Neva Minshel</b>   |  |                                     |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

*Regan L. Fuller*

Licensed Embalmer No. 4818

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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