

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041075

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5620

STATE FILE NUMBER

FILED DEC 1 1961

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 18 Days | c. CITY OR TOWN Nevada Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1134 North Clay Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First FRANK Middle L. Last HAUSER | | | 4. DATE OF DEATH Month November Day 8 Year 1961 | | |
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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 6-28-95 | 9. AGE (last birthday) 66 yrs | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Horton, Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Wyle C. Hauser | 13b. MOTHER'S MAIDEN NAME Agnes Brown | 14. NAME OF HUSBAND OR WIFE Agnes C. Hauser |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes WW I | 16. SOCIAL SECURITY NO. | 17. INFORMANT VA Hospital Official Records 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) Cerebral edema | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive encephalopathy Aortic aneurysm of upper abdominal aorta with partial thrombotic obstruction and renal ischemia Post operative state resection of DUE TO (c) gangrenous ileum; resection of lower abdominal aortic aneurysm | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? 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.) |
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| 20c. TIME OF INJURY Hour 9:20 a.m. p.m. | Month, Day, Year |
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|--|--|---|--------|-------|
| 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 VA | COUNTY | STATE |
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21. attended the deceased from **October 21, 1961** to **November 8, 1961**
 Death occurred at **9:20** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>H. Choy</i> (Degree or title) M.D. | 22b. ADDRESS VA Hospital, Kansas City, Mo. | 22c. DATE SIGNED 11-9-61 |
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|--|-----------------------------|--|--|---------|
| BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 11-9-61 | 23c. NAME OF CEMETERY OR CREMATORY - | 23d. LOCATION (City, town, or county) Nevada, Missouri | (State) |
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| 24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 11-9-61 | 26. REGISTRAR'S SIGNATURE <i>Ruth Long</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 6 1962

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 Elmer D. Triplett

Licensed Embalmer No. 4817

P. O. Address Kansas

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.