

Kentucky Post - February 25, 1953

**Edward S. Hauser**

Services will be held at 2 p. m. Friday at Connley Bros. funeral home, Latonia, for Edward S. Hauser, 45, gas plant operator at the Sohio Refinery, Latonia, who died unexpectedly Tuesday night at his home in Ryland Heights, Kenton county. Burial will be in Independence Cemetery.

Mr. Hauser was a member of the Ryland Heights Volunteer Fire Department.

He leaves his widow, Mrs. Mary Duncan Hauser; his parents, Mr. and Mrs. Edward L. Hauser, Visalia, and three sisters, Mrs. Frank Connor, Covington; Mrs. Nelson Hoffman, Kenton county, and Mrs. Ernest Kidd, La Grange.

Friends may call from 2 to 10 p. m. Thursday at the funeral home.

Mr. Hauser collapsed while watching television with his wife. Robert C. Dorsey, acting Kenton county coroner, said death was caused by a heart attack.

Hauser, Edward S 1907 - 1953

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		FILE NO. 116	53	6045
FEDERAL SECURITY AGENCY		Department of Health		BUREAU OF VITAL STATISTICS		
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS		REGISTRAR'S NO. 243		
NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH		790		
Registration District No.		Primary Registration District No.		6271		
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY Kenton		a. STATE Kentucky				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ryland Hgts		c. LENGTH OF STAY (In this place)		b. COUNTY Kenton		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural # 5		c. CITY OR TOWN Ryland Hgts		d. STREET ADDRESS Rural # 5		
3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX		
a. (First) Edward		b. (Middle) Frank		c. (Last) Hauser		6. DATE OF DEATH 2-24-53
(Type or Print)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 7-1907		
5. SEX Male		6. COLOR OR RACE White		9. AGE (in years last birthday) 45		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Plant Operator		10b. KIND OF BUSINESS OR INDUSTRY Sphinx Refining Co.		11. BIRTHPLACE (State or foreign country) Covington, Ky		
13. FATHER'S NAME Edward L. Hauser		14. MOTHER'S MAIDEN NAME Mayme Haynes		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 402-03-5683		17. INFORMANT Mrs Mary Hauser		
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		DUE TO (b)				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		4201-081-17				
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		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 P.M., from the causes and on the date stated above.						
23a. DATE SIGNED 2/5/53		23b. ADDRESS Covington, Kentucky		23c. SIGNATURE Jesse Rife Spegel, Coroner		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/53		24c. NAME OF CEMETERY OR CREMATORY Independence Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Ky
25a. DATE REC'D BY LOCAL REG. MAR 5 1953		25b. REGISTRAR'S SIGNATURE Marion Deane		26. FUNERAL DIRECTOR ADDRESS Covington, Ky		
3-5-53						