

1. PLACE OF DEATH  
a. COUNTY **Harris**  
b. CITY OR TOWN (If outside city limits, give precinct no.) **Baytown**  
c. LENGTH OF STAY in l. b. **20 yrs**  
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION **Gulf Coast Hospital**  
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES  NO

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
a. STATE **Texas** b. COUNTY **Harris**  
c. CITY OR TOWN (If outside city limits, give precinct no.) **Baytown**  
d. STREET ADDRESS (If rural, give location) **304 Greenbriar**  
e. IS RESIDENCE INSIDE CITY LIMITS? YES  NO  f. IS RESIDENCE ON A FARM? YES  NO

3. NAME OF DECEASED (Type or print)  
(a) First **CLEMENS** (b) Middle **RAY** (c) Last **HAUSMANN**  
4. DATE OF DEATH **August 29, 1972**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH **Aug. 17, 1919** 9. AGE (In years last birthday) **53**  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Process Operator** 10b. KIND OF BUSINESS OR INDUSTRY **Enjay Chemical Co.**  
11. BIRTHPLACE (State or foreign country) **Houston, Texas** 12. CITIZEN OF WHAT COUNTRY? **United States**

13. FATHER'S NAME **Clemens Leo Hausmann** 14. MOTHER'S MAIDEN NAME **Estelle Bond**  
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None** 16. SOCIAL SECURITY NO. **460-10-5085** 17. INFORMANT **Mrs. Margaret Hausmann: (Wife)**

18. CAUSE OF DEATH (Enter only one condition for (a), (b), and (c).)  
IMMEDIATE CAUSE (a) **Stenocardiac Coronary Artery Disease**  
RECORD SEP 15 1972  
BUREAU OF VITAL STATISTICS  
DUE TO (b) **20 mos.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  
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)  
20c. TIME OF INJURY Hour Month Day Year  
20d. INJURY OCCURRED  
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)  
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I hereby certify that I attended the deceased from **14 MAR 72** to **29 AUG 72** and last saw the deceased alive on **29 APR 72**. Death occurred **5:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.  
22a. SIGNATURE **[Signature]** 22b. ADDRESS **Baytown, Texas** 22c. DATE SIGNED **SEP 72**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Aug. 31, 1972** 23c. NAME OF CEMETERY OR CREMATORY **Memory Gardens**  
23d. LOCATION (City, town, or county) (State) **Baytown, Harris, Texas** 24. FUNERAL DIRECTOR'S SIGNATURE **Joe Speck**  
25a. REGISTRAR'S FILE NO. **284** 25b. DATE RECD BY LOCAL REGISTRAR **9-8-72** 25c. REGISTRAR'S SIGNATURE **Edna Oliver**