No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0540 / 33335
State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (In this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wetzel Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Dover township
d. STREET ADDRESS (If rural, give location): 6 miles N.W. of Higginsville

3. NAME OF DECEASED (Type or Print)
a. (First): Harvey
b. (Middle): Joseph
c. (Last): Walkenhorst

4. DATE OF DEATH (Month) (Day) (Year): 10 6 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 17, 1884
9. AGE (In years last birthday): 65
If under 1 year: Months: 10 Days: 19
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Concordia, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Walkenhorst
13b. MOTHER'S MAIDEN NAME: Amelia Stoll
14. NAME OF HUSBAND OR WIFE: Flora Walkenhorst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Alice Johnson, Santa Maria Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterial Sclerosis

DUE TO (c) & Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 20, 1950, *to* 10-6-, 1950, *that I last saw the deceased alive on* Oct 6, 1950, *and that death occurred at* 2.50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): D.O.
23b. ADDRESS: Clinton Mo
23c. DATE SIGNED: Oct 6-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-8-50
24c. NAME OF CEMETERY OR CREMATORY: Higginsville Cemetery
24d. LOCATION (City, town, or county) (State): Higginsville Missouri

DATE REC'D BY LOCAL REG.: Oct 8-1950
REGISTRAR'S SIGNATURE: Florence Adams
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Cly H. Higgins

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-16-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-16-50

NOV 8 1950

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.

Signed Roy F Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo

Signed _____
Student Embalmer

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