

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36624**
Registrar's No. **15**BIRTH NO. **72866-50** REG. DIST. NO. **5425** PRIMARY REG. DIST. NO. **5425**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) NEW HAVEN ROAD		c. CITY (If outside corporate limits, write RURAL and give township) new Haven 0360	
c. LENGTH OF STAY (in this place)		-d- STREET ADDRESS (If rural, give location) rt 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) VERNON		4. DATE OF DEATH (Month) (Day) (Year) 11-8-50	
a. (First)	b. (Middle)	c. (Last)	
WALKENHORST			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH NOVEMBER 8
9. AGE (In years last birthday)	10. MONTHS	11. BIRTHPLACE (State or foreign country) NEW HAVEN MISSOURI	12. CITIZEN OF WHAT COUNTRY? 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME HAROLD WALKENHORST		13b. MOTHER'S MAIDEN NAME EILEEN BRUNE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME RH ADDRESS Harold Walkenhorst New Haven Mo	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Citelectasia INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (b) stating the underlying cause last. DUE TO (b) Prematurity 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"/>	
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) (Min.)	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 Nov. 8 , 19 50 , to _____, 19____, that I last saw the deceased alive on Nov. 8 , 19 50 , and that death occurred at 8:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE W. T. Keld (Degree or title) D.O.		23b. ADDRESS New Haven, Mo.	23c. DATE SIGNED 11-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-9-50	24c. NAME OF CEMETERY OR CREMATORY PORT HODSON BATH CEM.	24d. LOCATION (City, town, or county) (State) MISSOURI
DATE REC'D BY LOCAL REG. Nov 9 1950	REGISTRAR'S SIGNATURE Phyllis Trammann	25. FUNERAL DIRECTOR'S SIGNATURE L. P. Smith & Son	ADDRESS New Haven Mo

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 16 1950

RECEIVED

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
Student Embalmer

Signed _____

Earl Jester
3385

Licensed Embalmer No. _____

P. O. Address _____

Heaven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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