

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36635

BIRTH NO. <u>72869-50</u>		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>5-425</u> - Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN RURAL</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0360</u>		d. STREET ADDRESS (If rural, give location) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-50</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WARREN</u> b. (Middle) _____ c. (Last) <u>WALKENHORST</u>			5. SEX <u>MALE</u>		
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>11-8-50</u>		9. AGE (In years last birthday) _____ IF UNDER 1 YEAR _____ IF UNDER 12 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>New Haven, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>HAROLD WALKENHORST</u>		13b. MOTHER'S MAIDEN NAME <u>ELIEN BRONE</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Walkenhorst</u> ADDRESS <u>New Haven, Missouri Route #1</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>  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) _____		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 <u>Nov. 8, 1950</u> , to _____, 19____, that I last saw the deceased alive on <u>Nov. 8, 1950</u> , and that death occurred at <u>TWSP, m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>New Haven, Mo.</u>		23c. DATE SIGNED <u>11-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PORT HUDSON WUTH</u>		24d. LOCATION (City, town, or county) (State) <u>MO.</u>
DATE REC'D BY LOCAL REG. <u>Nov-9-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 93		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>New Haven, Mo.</u>	

(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 Bertog*

Licensed Embalmer No. \_\_\_\_\_

*3385*

P. O. Address \_\_\_\_\_

*Heilbarn*

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.