

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH.

State File No. **41361**

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL DOVER</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL DOVER TWP. d</u>		0540
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dover Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>1 1/2 MI NORTH + WEST OF CORDET. MO</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u> b. (Middle) <u>WALKENHORST</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 18 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW 2</u>	8. DATE OF BIRTH <u>SEPT 12, 1888</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>PAXTON NEBR</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HANS JOHNSSEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE KRATZ</u>	14. NAME OF HUSBAND OR WIFE <u>AUGUST WALKENHORST DECEASED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELLA WALKENHORST CORDET. MO TPT 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>420-1</u>		
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>12-18-50</u> to <u>12-18-50</u> , that I last saw the deceased alive on <u>12-18-50</u> , and that death occurred at <u>4:35P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James B. Bess, Jr., M.D.</u>			23b. ADDRESS <u>Higginsville, Mo.</u>		23c. DATE SIGNED <u>12-19-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>DEC 21, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEWS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>EPHRAIMVILLE MO</u>		
DATE REC'D BY LOCAL REG. <u>Dec 21-1950</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. Jern</u>	ADDRESS <u>Concordia Mo</u>	

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

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RECEIVED 12/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 12/27/50 -----

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 me

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed E. S. James -----

Licensed Embalmer No. 2058 -----

P. O. Address Conradia, Mo. -----

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.