

FILED OCT 16 1951

## STANDARD CERTIFICATE OF DEATH

Dr. Pickens 33295  
State File No. 857

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5461</u>		Registrar's No. <u>857</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCIS</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cody, Missouri</u>		c. LENGTH OF STAY (in this place) <u>X</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u>		<u>0941</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile West of Cody, Mo Highway # 60</u>				d. STREET ADDRESS (If rural, give location) <u>410 Boyce Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernard</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Walther</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct, 7, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb, 12, 1904</u>		9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Engineering</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Henry C. Walther</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Freeman</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Walther</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard Tetley Farmington, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal skull fracture, crushed</u>	ANTECEDENT CAUSES							
	DUE TO (b) <u>chest, fractured left knee</u>						<u>instant</u>	
	DUE TO (c) <u>CSF</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>E8164</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>039</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 60</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cody Greene Mo.</u>				
21d. TIME OF INJURY <u>10-7-51 3:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>two car accident</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3: P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. E. Allan Pickens, Coroner</u>				23b. ADDRESS <u>407 Medical Arts Bldg.</u>		23c. DATE SIGNED <u>10-8-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-10-51</u>		REGISTRAR'S SIGNATURE <u>W E Landley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Lohmeyer</u>		ADDRESS <u>Springfield, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Frederic T. Hendley*

Licensed Embalmer No. *4876*

P. O. Address *Springfield*

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.