

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33925**  
**4372**

DECEASED **OCT 27 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>1 month</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Concordia</b>	<b>1430</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUSSELL</b> b. (Middle) <b>M.</b> c. (Last) <b>WALKENHORST</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 13 1951</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 12, 1921</b>	9. AGE (In years last birthday) <b>30</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Motor Car Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Concordia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
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13a. FATHER'S NAME <b>H. O. Walkenhorst</b>		13b. MOTHER'S MAIDEN NAME <b>Mabel Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth Walkenhorst</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War 2</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruth Walkenhorst, Concordia, Missouri</b> ADDRESS			
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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) <b>Embryonic Carcinoma, Testis with widespread metastasis.</b>				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) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>170</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **June 15, 1951**, to **Oct 13, 1951**, that I last saw the deceased alive on **Oct 13, 1951**, and that death occurred at **8:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Otis E. James Jr</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>928 Argyle Bldg. N.P. Inc.</b>		23c. DATE SIGNED <b>Oct 14, 1951</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 14, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evangelical Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Concordia, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>10-14-51</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAMES FUNERAL HOME, Concordia, Missouri</b>			
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 16 1952

APR 24 1952

NOV 28 1951

DEC 7 1951

Dr. E. O. James

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. O. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.