

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5429 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LYON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LYON 0360</u>	
c. LENGTH OF STAY (in this place) <u>ALL</u>		d. STREET ADDRESS (If rural, give location) <u>R 7d New Haven</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle) <u>M.</u>	c. (Last) <u>WALKENHÖRST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-53</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAR-30 1896</u>	9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	11. UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW HAVEN RURAL</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HERMANN WALKENHÖRST</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA HEMMINGER</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Heinrich Walkenhorst</u>	ADDRESS <u>New Haven, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>		ONSET BETWEEN ONSET AND DEATH <u>4 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>153X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma Left Breast</u>		<u>3 years</u>

19a. DATE OF OPERATION <u>12/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Recto-sigmoid region (inoperable)</u>	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 11/29/1952, to 3/10/1953, that I last saw the deceased alive on 3/10/1953, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. P. Eisenmann</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>New Haven, Mo.</u>	23c. DATE SIGNED <u>3/11/53</u>
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>3-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BREUFLOTH CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR NEW HAVEN MO</u>
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DATE REC'D BY LOCAL REG. <u>3-13-53</u>	REGISTRAR'S SIGNATURE <u>M. L. Matthews</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Donnell</u>	ADDRESS <u>New Haven, Mo.</u>
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APR 27 1953

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 Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven, Ct.

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.