

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 17 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 2

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>New Haven (Lyon)</u>) | | c. CITY OR TOWN <u>New Haven</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>52 Yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>0360</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>HENRY</u> | b. (Middle) <u>J.</u> | c. (Last) <u>WALKENHORST-</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12 1956</u> |
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| 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>Oct. 21. 1871</u> | 9. AGE (In years last birthday) <u>84</u> | if UNDER 1 YEAR Months <u>2</u> Days <u>21</u> | if UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

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| 13a. FATHER'S NAME <u>Herman Walkenhorst</u> | 13b. MOTHER'S MAIDEN NAME <u>Don't Know</u> | 14. NAME OF HUSBAND OR WIFE <u>Annie Walkenhorst</u> |
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| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Annie Walkenhorst New Haven Mo</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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial degeneration</u> | | <u>3 yrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | <u>10 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u> | | | |

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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 12/12/, 1953, to 1/12, 1956, that I last saw the deceased alive on 12/8, 1956, and that death occurred at 3:00 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. J. ...</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>New Haven, Missouri</u> | 23c. DATE SIGNED <u>1/13/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-15-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Port Hudson Lutheran</u> | 24d. LOCATION (City, town, or county) (State) <u>Port Hudson Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 14 1956</u> | REGISTRAR'S SIGNATURE <u>John Charles ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. ...</u> | ADDRESS <u>...</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Earl C. Curtis

Licensed Embalmer No. 33

P. O. Address *New Haven*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.