

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4337

BIRTH NO. _____		REG. DIST. NO. 119		PRIMARY REG. DIST. NO. 5443		Registrar's No. 5			
1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY GASCONADE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-ROARKTOP		c. LENGTH OF STAY (in this place) 3 hrs		c. CITY OR TOWN HERMANN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 1/2 mi. E. of HERMANN				e. STREET ADDRESS (If rural, give location) 214 1/2 N. EAST FIRST ST					
3. NAME OF DECEASED (Type or Print) LEONARD Joseph WALKENBACH			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) FEB. 22 1956		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 26-1906	
9. AGE (In years last birthday) 49		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) BIG SPRINGS MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME ALBERT WALKENBACH			13b. MOTHER'S MAIDEN NAME MARY KORMAN			14. NAME OF HUSBAND OR WIFE EDNA WALKENBACH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-10-7089		17. INFORMANT'S SIGNATURE OR NAME EDNA WALKENBACH				ADDRESS HERMANN MO	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe crushing injury of brain ANTECEDENT CAUSES and severe multiple open comminuted fractures of skull; crushing injury rt. chest; comminuted fracture rt. humerus and femur. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fractures of skull; crushing injury rt. chest; comminuted fracture rt. humerus and femur. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9101 3				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 03 Gasconade MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 22 56 1P m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? A tree fell on him.					
22. I hereby certify that I attended the deceased from 1-16 , 19 49 , to 2-22 , 19 56 , that I last saw the deceased alive on 1-10 , 19 56 , and that death occurred at 1:00 P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Carol T. Shaw, M.D.				23b. ADDRESS 1908 Washington St. Hermann		23c. DATE SIGNED 2-23-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/25/1956		24c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY		24d. LOCATION (City, town, or county) (State) HERMANN MO			
DATE REC'D BY LOCAL REG. 2-24-56		REGISTRAR'S SIGNATURE Delma Gerken		FUNERAL DIRECTOR'S SIGNATURE 4012-1149014 Deener		ADDRESS HERMANN MO			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
Chas. H. Pope

Licensed Embalmer No. *255*

P. O. Address *Herman*

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.