

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23320

State File No. ....

FILED AUG 6 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Haven Rural Lyon</b>		c. CITY OR TOWN <b>Leslie R.R.#1</b>	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) <b>7 Yrs</b>		e. STREET ADDRESS (If rural, give location) <b>LESLIE RR#1 0360</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>✓</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>OTTO</b>	b. (Middle) <b>A.</b>	c. (Last) <b>WALKENHORST</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 31 1956</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>June 22 1889</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 1 YEAR Days <b>9</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Haven Mo.</b>	12. COUNTRY OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Fritz Walkenhorst</b>	13b. MOTHER'S MAIDEN NAME <b>Fredericka Pepmueller</b>	14. NAME OF HUSBAND OR WIFE <b>Martha Walkenhorst</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>495-32-0077</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Martha Walkenhorst</b>	ADDRESS <b>Leslie Mo.</b>
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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) _____  ANTECEDENT CAUSES  DUE TO (b) <b>Fractured Skull</b>  DUE TO (c) <b>to turning over</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>tractor in field</b>		<b>by</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>ditch</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>New Haven Lyon Franklin Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 31 1956 12:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Turned over with tractor</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased dying on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ernest P. Ottomano</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Special, Mo.</b>	23c. DATE SIGNED <b>Aug 7 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-3-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Port Hudson Luth Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Port Hudson Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-2-56</b>	REGISTRAR'S SIGNATURE <b>John Charles Luttrell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fertig Funeral Home</b>	ADDRESS <b>New Haven Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 14 1958

AUG 31 1958

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 *Carl O. Heiter*.....

Licensed Embalmer No. *33*.....

P. O. Address *New York*.....

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.