

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31106

State File No.

No. 300
10-48

DECEASED **9 1952**

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 243

264
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clark Twnshp R.R.#2, Jefferson</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R.R.#2, Jefferson City, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas E. Still Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Rudolph</u> c. (Last) <u>Walther</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct-19-1932</u>		9. AGE (In years last birthday) <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Schools</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Elmer J. Walther</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Goller</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Yes 2/1/51 to 10-5-52</u>		16. SOCIAL SECURITY NO. <u>438-32-2631</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R.R.#2</u>	
ADDRESS <u>Elmer Walther, Jefferson City, Mo</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
<p><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary paralysis</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture cervical vertebrae</u> DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>58234 32</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>026</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cole Co Ky cc</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City - Cole Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 5 1952 5:55 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car ran off highway + turned over 1 time</u>	

22. I hereby certify that I attended the deceased from Dec just as he was brot to Hospital, that I last saw the deceased alive on Oct 5, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Dale Atterbury</u>		23b. ADDRESS <u>Chas E. Still Hosp, Jefferson City, Mo</u>		23c. DATE SIGNED <u>10-5-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Oct 6 - 1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	
				ADDRESS <u>Jefferson City, Mo</u>	

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed *Steph J. Loran*
Student Embalmer No.
Licensed Embalmer No. *1786*
P. O. Address *Jefferson City 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.