

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38246**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5924** Registrar's No. **396**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Dresden)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 216 West Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 miles northwest Sedalia			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) AUGUST	c. (Last) WALTERSCHIED	4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1906	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY gen. contracting	11. BIRTHPLACE (State or foreign country) Moniteau County, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Frank Walterschied	13b. MOTHER'S MAIDEN NAME Margaret Griesbach	14. NAME OF HUSBAND OR WIFE Bonnie L. Walterschied
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 493-34-6341	17. INFORMANT'S SIGNATURE OR NAME Bonnie Walterschied, Sedalia, Mo.	ADDRESS 216 W. Broadway
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage from cerebral skull fracture, from train and automobile collision		INTERVAL BETWEEN ONSET AND DEATH 27
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) autobus collision		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) Accident	21b. PLACE OF INJURY (e.g., in or about, home, farm, factory, street, office bldg., etc.) Railroad crossing Sedalia	21c. (CITY, TOWN, OR TOWNSHIP) Pettis (STATE) Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 18 1949 7:45 AM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Passenger in truck hit by Missouri Pacific train
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22. I hereby certify that I attended the deceased from **Osborne 11-18-49**, that I last saw the deceased **alive on 10**, and that death occurred at **10:10 A. M.**, from the causes and on the date stated above.

23. SIGNATURE Chas Gordon Stauffer MD (Degree or title)	23b. ADDRESS Corners, Pettis Co.	23c. DATE SIGNED 11-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/20/49	24c. NAME OF CEMETERY OR CREMATORY Cedran Assumption	24d. LOCATION (City, town, or county) (State) Prairie Home, Mo.
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DATE REC'D BY LOCAL HEALTH DEPT. 11/19/49	REGISTRAR'S SIGNATURE Betty Yeager Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Maune Irving ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

80
0

RECEIVED NOV 21

District Health Officer No. 8,

District File Number _____

Date Filed 11-23-49

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 Chas E. Brown

Licensed Embalmer No. 3847

P. O. Address Edalia 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.