

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16546**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **145**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton	c. LENGTH OF STAY (in this place) 36 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) Osceola - Rural 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Netel hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) P. c. (Last) Link			4. DATE OF DEATH (Month) (Day) (Year) June 3 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 23, 1862	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Link	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE U.S.
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lizzie Underwood, Osceola, Mo.	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 177X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis, Lobal Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic - Carcinoma DUE TO (c) -		
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 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)
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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?
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22. I hereby certify that I attended the deceased from **June 1, 1950**, to **June 3, 1950**, that I last saw the deceased alive on **June 3, 1950**, and that death occurred at **10:29A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Mrs. Lizzie Underwood	23b. ADDRESS Clinton Mo.	23c. DATE SIGNED June 3-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 6, 1950	24c. NAME OF CEMETERY OR CREMATORY Kidds Chapel Cemetery, Osceola, Mo.	24d. LOCATION (City, town, or county) (State) Osceola Mo.
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DATE REC'D BY LOCAL REG. June 6-50	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.B. Handrich, Osceola Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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AUG 7 1950

RECEIVED 6-12-50

District Health Officer No. 71

District File Number 5-50-642

Date Filed 6-12-50

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 *F. B. ...*

Licensed Embalmer No. 3039

P. O. Address *Oscola 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.