

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24131

State File No. _____

FILED JUN 27 1950

Registrar's No. 24

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Montgomery</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Loutre Twp</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Loutre Twp</u> | |
| c. LENGTH OF STAY (in this place) <u>61 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>3/4 mi. East of Mc Kittrick</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3/4 mi. East of McKittrick</u> | | d. STREET ADDRESS (If rural, give location) <u>3/4 mi. East of Mc Kittrick</u> | |

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|-------------------------------------|--------------------------|--------------------------|-----------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ARTHUR</u> | b. (Middle) <u>LOUIS</u> | c. (Last) <u>LINK</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>July 19 1950</u> |

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|--------------------|-------------------------------|--|-------------------------------------|---|-----------------------|-------------------------|---------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Apr. 8-1889</u> | 9. AGE (In years last birthday) <u>61</u> | # UNDER 1 YEAR Months | # UNDER 100 HOURS Hours | # UNDER 1 MIN. Min. |
|--------------------|-------------------------------|--|-------------------------------------|---|-----------------------|-------------------------|---------------------|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Work</u> | 11. BIRTHPLACE (State or foreign country) <u>Mc Kittrick, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
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|---------------------------------------|--|-----------------------------------|
| 13a. FATHER'S NAME <u>August Link</u> | 13b. MOTHER'S MAIDEN NAME <u>Lena Lucksinger</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|---------------------------------------|--|-----------------------------------|

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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 World War I</u> | 16. SOCIAL SECURITY NO. <u>498-12-7324</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Effie Meyer, Mc Kittrick, Mo</u> | ADDRESS _____ |
|---|--|--|---------------|

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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 <u>E974X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hanging</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>McKITTRICK-Loutretwp Montgomery MO</u> |
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| | | |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from VIEWED 19 July 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 P.M., from the causes and on the date stated above.

| | | |
|---|--|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Clement M. Linnert, Coroner</u> | 23b. ADDRESS <u>Montgomery City Mo</u> | 23c. DATE SIGNED <u>19 July 50</u> |
|---|--|------------------------------------|

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|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-22-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Loutre Island Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Mc Kittrick, RFD Mo</u> |
|---|--------------------------|--|--|

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|---|--|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>July 21, 1950</u> | REGISTRAR'S SIGNATURE <u>Mrs Eunice Bush</u> | 5. GENERAL DIRECTOR'S SIGNATURE <u>August Hermann</u> | ADDRESS <u>Hermann, Mo</u> |
|---|--|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JUL 27 1954

~~7-2-54~~

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 Embalmer No.

Signed _____

August H. Dueser

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.