

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30529

State File No.

4046

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>30</u> years		d. STREET ADDRESS (If rural, give location) <u>201 East 50th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lindeman Convalescent Home,</u> <u>3237 Main St.</u>			

3. NAME OF DECEASED (Type or Print) <u>DAVID</u>	a. (First) <u>DAVID</u>	b. (Middle) <u>A.</u>	c. (Last) <u>LINK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1950</u>
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5. SEX <u>male</u> <input type="radio"/>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 15, 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Eli Link</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Coons</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie M. Link</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>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur W. Eyer</u>	ADDRESS <u>201 E. 50th St., KC, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		
	DUE TO (c) <u>Generalized Arteriosclerosis</u>		
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, 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?
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22. I hereby certify that I attended the deceased from 3/1 ¹⁹⁵⁰ to 9/24, 1950, that I last saw the deceased alive on 9/24, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Lehner</u> (Degree or title)	23b. ADDRESS <u>1102 Grand Kansas City, Mo.</u>	23c. DATE SIGNED <u>9/25/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Second Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Platte County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-25-50</u>	REGISTRAR'S SIGNATURE <u>Shelding Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u>	ADDRESS <u>Kansas City, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Richard L. ~~Lehman~~
Prof. B. D. P.
Bryant A.

~~H. J. P.~~
406

WE 7777

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 _____

[Handwritten signature]
Licensed Embalmer No. MA 15
P. O. Address H. O. 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.