

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23124  
3133

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 50 3500	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 3425 HARRISON	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CLAIRE b. (Middle) Wellella c. (Last) LINK			4. DATE OF DEATH (Month) (Day) (Year) July 22 1951		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH Dec 7, 1897		9. AGE (In years last birthday) 53		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surgeon		10b. KIND OF BUSINESS OR INDUSTRY Stern-Selgman		11. BIRTHPLACE (State or foreign country) Burlington Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME EGGARD LINK		13b. MOTHER'S MAIDEN NAME MARY McVAY		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) NO		16. SOCIAL SECURITY NO. 515-09-2875		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HARL BIXMAN Nephew 6318 Agnes	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rt Ovary metastasis to liver & peritoneum		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritoneum		DUE TO (c)		175X	
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 Confirmation of above Diagnosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			

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 7-10, 1951, to 7-22, 1951, that I last saw the deceased alive on 7-21, 1951, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

22a. SIGNATURE D. Bennett M.D. (Degree or title)		22b. ADDRESS 1630 Prof Bldg KCMO		22c. DATE SIGNED 7-23-51	
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24. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE July 24 1951		24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
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DATE REC'D BY LOCAL REG. 7-23-51		REGISTRAR'S SIGNATURE Geraldine Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1331 Brush Creek Blvd. KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

*Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *R. C. 4th*

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.