

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

162

State File No.

FILED FEB 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Callaway</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>rural 1</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) <u>John</u>		b. (Middle) <u>Booker</u>		c. (Last) <u>Link</u>		7. DATE OF BIRTH <u>Dec 17, 1865</u>	
8. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1952</u>		9. AGE (In years last birthday) <u>86</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		11. BIRTHPLACE (State or foreign country) <u>Callaway Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		14. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		15. AGE (In years last birthday) <u>1</u> 123	
16. FATHER'S NAME <u>John Link</u>		17. MOTHER'S MAIDEN NAME <u>Ella Lawson</u>		18. NAME OF HUSBAND OR WIFE <u>Hattie Crow Link</u>		19. SOCIAL SECURITY NO. <u>DK</u>	
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u>		21. INFORMANT'S SIGNATURE OR NAME <u>Joe D Link</u>		22. ADDRESS <u>Guthrie Mo</u>		23. MEDICAL CERTIFICATION	
24. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		25. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hypertensive Heart Disease</u>		26. ANTECEDENT CAUSES		27. INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		28. II. OTHER SIGNIFICANT CONDITIONS		29. DUE TO (b) _____		30. DUE TO (c) _____	
31. DATE OF OPERATION		32. MAJOR FINDINGS OF OPERATION		33. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		34. ACCIDENT SUICIDE HOMICIDE (Specify)	
35. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		36. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		37. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		38. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
39. HOW DID INJURY OCCUR?		40. I hereby certify that I attended the deceased from <u>July 1950</u> , to <u>Feb 9, 1952</u> , that I last saw the deceased alive on <u>Feb 9, 1952</u> , and that death occurred at <u>3:50 P.m.</u> , from the causes and on the date stated above.		41. SIGNATURE (Degree or title) <u>J R Hunter M D</u>		42. ADDRESS <u>Fulton, Mo</u>	
43. DATE SIGNED <u>Feb 9/52</u>		44. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		45. DATE <u>Feb 11-52</u>		46. NAME OF CEMETERY OR CREMATORY <u>Link Cemetery</u>	
47. LOCATION (City, town, or county) (State) <u>Warrington Mo</u>		48. DATE REC'D BY LOCAL REG. <u>Feb 11-1952</u>		49. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		50. FUNERAL DIRECTOR'S SIGNATURE <u>Holt Claypool</u>	
51. ADDRESS <u>See New Bedford</u>		52. (Licensed Embalmer's Statement on Reverse Side)		53. <u>mo</u>			

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

43
2

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 Le Roy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

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.