

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17356

State File No.

FILED JUN 4 1952

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 16

5730

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

| | | | | | |
|---|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u> | | c. LENGTH OF STAY (in this place) <u>1 day</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkorn</u> | | <u>0600</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>6 miles ? south of Stella Mo</u> | | |
| 3. NAME OF DECEASED a. (First) <u>Selma</u> b. (Middle) <u>Marguerette</u> c. (Last) <u>Link</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May -4-1952</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan/12/1893</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>McDonald County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Paul Planchenon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise Bouvier</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elbert Link</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elbert Link, Rocky Comfort Mo.</u> | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial Lesion of Vascular origin</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u> |
| ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | | DUE TO (c) <u>Arteriosclerosis</u> | | <u>4 yrs.</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"/> |
| 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>332X</u> |
| 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? | | |
| 22. I, hereby certify that I attended the deceased from <u>7-22, 1950</u> , to <u>5-4, 1952</u> , that I last saw the deceased alive on <u>5-4, 1952</u> , and that death occurred at <u>11:20 pm</u> from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Warren M. Jones</u> (Degree or title) | | | 23b. ADDRESS <u>Neosho Missouri</u> | | 23c. DATE SIGNED <u>5-6-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5/6/1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Owsley Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>McDonald County, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-12-52</u> | REGISTRAR'S SIGNATURE <u>Alpha Dyer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Morris Pogue Wheaton Mo</u> | | |

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 522-93

Date Filed May 21, 1957

NEOSHO, MISSOURI

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.....
Student Embalmer

Signed James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.