

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27903

State File No. ....

WED AUG 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>IRON 0470</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>IRON 0470</u>	
b. CITY OR TOWN <u>RURAL-ARCADIA TWP-</u>	c. LENGTH OF STAY (in this place) <u>2 WKS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi. EAST OF IRONTON</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. EAST OF IRONTON</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MINTA</u>	b. (Middle) <u>CARDELIA</u>	c. (Last) <u>LINA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-10, 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>MARCH 19, 1876</u>	9. AGE (In years last birthday) <u>76</u>	UNDER 1 YEAR Months <u>4</u> Days <u>21</u>	IF OVER 1 YEAR Hours _____ Min. _____
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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 _____	11. BIRTHPLACE (State or foreign country) <u>IRON COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE HOUIS</u>	13b. MOTHER'S MAIDEN NAME <u>BROWN</u>	14. NAME OF HUSBAND OR WIFE <u>ALFRED LINK</u>
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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 <u>ALFRED LINK, R.F.D. IRONTON, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis Pneumonia</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asterosclerosis</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>491X</u> YES <input type="checkbox"/> NO <input 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) _____
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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 July 26, 1952, to Aug 10, 1952, that I last saw the deceased alive on Aug 10, 1952, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.H. P. [Signature]</u>	23b. ADDRESS _____	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>8/10/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-15-52</u>	REGISTRAR'S SIGNATURE <u>Mad Avis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Adamson</u>	ADDRESS <u>FREDERICKTOWN, MO.</u>
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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 *William Adamson*

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, M.C.

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.