

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32688

FILED OCT 14 1952 4 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 313

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Elvins,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Elvins</b> <span style="float: right;">0940</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>302 A St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>ANNA MAE</b>	c. (Last) <b>LINK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct-9-1952</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>April-23-1873</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR (Months) <b>5</b>	IF UNDER 24 HRS. (Days) <b>16</b>	IF UNDER 24 HRS. (Hours) <b></b>	IF UNDER 24 HRS. (Min.) <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Francois Co, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Hughes</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Boatright</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph P. Link</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emmett Link</b>	ADDRESS <b>Flat River, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumo-pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>acute &amp; neutral degeneration</b> DUE TO (c) <b>Pulm. Mo</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>met</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>410X</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 13, 1952**, to **Oct 9, 1952**, that I last saw the deceased alive on **10-9, 1952**, and that death occurred at **9:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>HC Gaelie M. S.</b> (Name or title)	23b. ADDRESS <b>Flat River, Mo</b>	23c. DATE SIGNED <b>10-9-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct-10-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Leadington, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 10, 1952</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b> <b>289-9</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sparks F. Home</b>	ADDRESS <b>Flat River, Mo</b>
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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 *Murphy Sparks* \_\_\_\_\_

Licensed Embalmer No. *4334* \_\_\_\_\_

P. O. Address *Flat River, Ariz* \_\_\_\_\_

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.