No. 300
10.48

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

FILED DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41291

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): Castor
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (at home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Castor 1039
d. STREET ADDRESS (If rural, give location): Bloomfield, R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): CLIFFORD
c. (Last): LINK

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 6, 1918
9. AGE (In years last birthday): 34 — If under 1 year: Months 2, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Mechanic at U.S. Air Base Maiden, Mo.
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Everett Link
13b. MOTHER'S MAIDEN NAME: Edna Mc Intosh
14. NAME OF HUSBAND OR WIFE: ----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War II
16. SOCIAL SECURITY NO.: 489-18-5899
17. INFORMANT'S SIGNATURE OR NAME: Everett Link — **ADDRESS**: Bloomfield Mo. Route

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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: 4201
20. AUTOPSY? YES [X] NO [ ]

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): ------ m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: ----------

22. *I hereby certify that I attended the deceased from* ----, 19__, *to* ----, 19__, *that I last saw the deceased alive on* ----, 19__, *and that death occurred at* 11:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray W. Barry — (Degree or title): Coroner
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 11-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 14, 52
24c. NAME OF CEMETERY OR CREMATORY: North Antioch cem.
24d. LOCATION (City, town, or county) (State): Stoddard co. Missouri

DATE REC'D BY LOCAL REG.: Dec. 3, 1952
REGISTRAR'S SIGNATURE: Rose Wehlitz 355
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Chiles Und. Co., Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1952

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 Sam C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.