

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2324**

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. LENGTH OF STAY (In this place) OR TOWN #4 Joplin Joplin, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 414 North Wood Street		d. STREET ADDRESS (If rural, give location) Route # 4	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Walter c. (Last) Link			4. DATE OF DEATH (Month) (Day) (Year) Jan 27 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 16, 1879	9. AGE (In years last birthday) 73	10. UNDER 18 HRS. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Texas County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Link	13b. MOTHER'S MAIDEN NAME Jane Swindell	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Morse Link ADDRESS Neosho, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) James Walter Link		INTERVAL BETWEEN ONSET AND DEATH about 2 years or less or not known time
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably needed Respirator due to		
	DUE TO (c) Arterio Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secretary - Flu			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4501 YES <input type="checkbox"/> NO <input 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)
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?

22. I, hereby certify that I attended the deceased from **Jan 15 1953**, to **Jan 27 1953**, that I last saw the deceased alive on **Jan 25 1953**, and that death occurred at **3:35 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. L. Morrison M.D.	23b. ADDRESS Neosho	23c. DATE SIGNED 1/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-29-53	24c. NAME OF CEMETERY OR CREMATORY Granby Cemetery	24d. LOCATION (City, town, or county) (State) Granby Missouri
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DATE REC'D BY LOCAL REG. 2-2-53	REGISTRAR'S SIGNATURE Melvin C. Bourman M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham Mortuary ADDRESS Neosho
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(Licensed Embalmer's Statement on Reverse Side)

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

0732
1

0730
1

RECEIVED

District Health Officer No. _____

NEWTON COUNTY HEALTH UNIT

District Number 253-28

Date Filed 2-4-52

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Jesse O. Sullins, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho, 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.