

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4979

State File No.

LED MAR 2 - 1953

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|--|--|---|---|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | PRIMARY REG. DIST. NO. <u>3007</u> | Registrar's No. <u>68</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (In this place) <u>8 days</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsinore</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>LINK</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural Route # 3</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>2/5/1953</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>10/15/1890</u> | |
| 9. AGE (In years, last birthday) <u>62</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>Home</u> | 9. AGE (In years, last birthday) <u>62</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Carter Co., Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>John W. Harris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Paradine Willis</u> | | 14. NAME OF HUSBAND OR WIFE <u>George 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 <u>George Link</u> ADDRESS <u>Elsinore, Missouri</u> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION <u>2-2-53</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Pancreas gall bladder with stones</u> | | | 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) | | |
| 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? | | |
| 22. I hereby certify that I attended the deceased from <u>Jan. 29, 1953</u> , to <u>Feb. 5th, 1953</u> , that I last saw the deceased alive on <u>Feb. 5, 1953</u> , and that death occurred at <u>10:20 Am.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>J. M. Harrichon M.D.</u> (Degree or title) MD | | 23b. ADDRESS <u>Poplar Bluff, Missouri</u> | | 23c. DATE SIGNED <u>2-11-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/8/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Owl Roost Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Elsinore, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>2-17-53</u> | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Fitch</u> ADDRESS <u>Poplar Bluff, Mo.</u> | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 27 1953
BUTLER CO. HEALTH CENTER
FILE No. 253-99

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 Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Poplar Bluff, 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.