

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28340**

FILED AUG 31 1954

BIRTH NO. _____ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **4344** Registrar's No. **78**

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

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONTGOMERY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUTRE TWP. RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUTRE TWP. RURAL	
c. LENGTH OF STAY (in this place) 4 YRS		d. STREET ADDRESS (If rural, give location) 2 MILES SW MC KITTRICK	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles S.W. McKittrick			

3. NAME OF DECEASED (Type or Print) AUGUST	a. (First) LOUIS	b. (Middle) LINK	c. (Last) LINK	4. DATE OF DEATH (Month) (Day) (Year) 8 24-1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 8-1859	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) BEAR CREEK, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME AUGUST LINK	13b. MOTHER'S MAIDEN NAME CATHERINE YETTE	14. NAME OF HUSBAND OR WIFE MAGDALENA LUCKSINGER
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. GEORGE MEYER, Mc KITTRICK, MO.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 78 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left ventricular failure DUE TO (c) Thrombosis (cardiac & left leg)		
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 4342	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 **Aug. 13, 1954**, to **Aug. 24, 1954**, that I last saw the deceased alive on **Aug. 23, 1954**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. G. J. Jr., D.O.	23b. ADDRESS Hermain, Mo.	23c. DATE SIGNED 8/25/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 27 1954	24c. NAME OF CEMETERY OR CREMATORY LOUTRE ISLAND	24d. LOCATION (City, town, or county) (State) MONTGOMERY COUNTY MO
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DATE REC'D BY LOCAL REG. Aug. 26, 1954	REGISTRAR'S SIGNATURE Mrs. Eunice Bush	432-	25. FUNERAL DIRECTOR'S SIGNATURE Hermain, Mo.	ADDRESS HERMAIN, MO
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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 Chas. D. Pope

Licensed Embalmer No. 5552

P. O. Address Herrmann, 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.