

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36754**

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Granby, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella,</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carter Rest Home</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17 1957</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margret</u> b. (Middle) <u>Lavina</u> c. (Last) <u>Link</u>			5. SEX <u>Female</u>				
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 7 1866</u>		9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR <u>1</u> MONTHS IF UNDER 24 HRS. <u>10</u> DAYS IF UNDER 24 HRS. _____ MIN.	
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>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Vincennes, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Deal</u>		13b. MOTHER'S MAIDEN NAME <u>Margret Ann Catt</u>		14. NAME OF HUSBAND OR WIFE <u>David S. Link (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lola Ann Schelhorn</u> ADDRESS <u>Stella, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive circulatory failure.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Recumbency</u> DUE TO (c) <u>Rheumatoid arthritis, spondylitis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>7220</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks over 2 months over 1 yr is</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		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>9/10/1957</u> , to <u>10/14/1957</u> , that I last saw the deceased alive on <u>10/14/1957</u> , and that death occurred at <u>7:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles O. Chesney D.O.</u>				23b. ADDRESS <u>Granby, Mo.</u>		23c. DATE SIGNED <u>10/20/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-19-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Stella, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 20, 1957</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Morris Logan Wheaton Mo</u> ADDRESS _____			

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

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RECEIVED

District Health Officer No. Newton

District File No. 1057-243

Date Filed OCT 25 1957

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

James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.