

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3930

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Overland</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Overland 40910</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9525 Muriel</u>		Length of stay in 1b <u>2 Months</u>		d. STREET ADDRESS (If outside, give location) <u>9525 Muriel</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Hattie</u> Middle <u>J.</u> Last <u>Link</u>			4. DATE OF DEATH Month <u>11</u> Day <u>5</u> Year <u>58</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 16 1875</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Belgrade Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Burl Gilliam</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mary Baker 9525 Muriel Ave.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. } DUE TO (b) <u>Fractured Hip.</u> DUE TO (c) <u>General senility</u> <u>\$904.0</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> <u>3 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>21</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>Fell with broken hip in home</u>				
20c. TIME OF INJURY Hour <u>12</u> Month <u>Dec</u> Day <u>12</u> Year <u>1957</u> a.m. <u>PM</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>9525 Muriel St. Louis 11</u>		20g. COUNTY STATE <u>Mo</u>		
21. I attended the deceased from <u>12 Dec 57</u> , to <u>4 Jan 1958</u> and last saw her <u>alive</u> on <u>4 Jan 1958</u> . Death occurred at <u>108 an</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Paul B. Whitener M.D.</u>				22b. ADDRESS <u>10832 St. Charles Rd. St. Ann Mo</u>		22c. DATE SIGNED <u>6 Jan 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Personal</u>		23b. DATE <u>Jan 8 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Potosi Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Collier Mortuary, St. Ann, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 6, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Dambell</u>	

Health, Welfare, Public Services, 300-1-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. ALL

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed..... *Sheldon Collins*

Licensed Embalmer No. *33*

P. O. Address *St. Am*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.