

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032470

STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 139 Primary Registration District No. 5536 Registrar's No. 63

300  
-57

4

1. PLACE OF DEATH a. COUNTY <b>Holt</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Oregon LEWIS TWP</b>		c. CITY OR TOWN <b>Maitland</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pleasant Hill Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>2 mos</b>	
3. NAME OF DECEASED (Type or print) First <b>NANCY</b> Middle <b>JANE</b> Last <b>LINK</b>		4. DATE OF DEATH Month <b>9</b> Day <b>12</b> Year <b>1958</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12/22/1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home-own</b>	11. BIRTHPLACE (City and state or country) <b>Andrew Co., Mo.</b>
13a. FATHER'S NAME <b>Jonathan Turpin</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Hall</b>	14. NAME OF HUSBAND OR WIFE <b>Charley Lawrence Link</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs Wilferd Rowlett, Maitland, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>4201</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>62 hrs</b> <b>12 hrs</b>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>July 1, 1958</b> to <b>Sept 12, 1958</b> and last saw her <b>alive</b> on <b>Sept 12, 1958</b> Death occurred at <b>1:30</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. F. Sweeney M.D.</b> (Degree or title)		22b. ADDRESS <b>Oregon, Mo</b>	22c. DATE SIGNED <b>9-14-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9/14/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maitland Cemetery</b>	23d. LOCATION (City, town, or country) (State) <b>Maitland, Mo.</b>
24. FUNERAL DIRECTOR <b>Sam Atkinson Maitland Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>9-20-1958</b>	26. REGISTRAR'S SIGNATURE <b>James H. Crawford</b>

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 G. M. Altman

Licensed Embalmer No. 2279  
P. O. Address Marysville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.