

FILED JUN 24 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0024412

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 147

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. William Hadley LINK			2. M	3. June 19-1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MONTH DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. W		5b. 5-7	5c. 6-25	6. Nov. 24 1910	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		7a. Henry	
7b. CLinton		7c. yes		7d. Wetzel Hosp.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Mo		9. U.S.A		10. never m	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 490-40-0370		13a. Farmer		13b.	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Mo.		14b. Bates	14c. BUTLER	14d. no	14e. R.R. #5
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Joseph M. LINK			16. Katie Hegnauer		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY, TOWN, STATE, ZIP)		
17a. Joseph LINK			17b. BUTLER Mo. R.R. #5		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. (a) Retention Cell for comm					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				DATE OF INJURY (MONTH, DAY, YEAR)	HOUR
20a.				20b.	20c. M. 20d.
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20a.		20f.		20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			TO		
21a. May 22 1968			21b. June 19, 1968		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH		
22a.			22b. June 19 1968		
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		
23a. Gus S. Wetzel			23b. [Signature]		
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO. CITY OR TOWN STATE		
23a.			23b. 105 E. Ohio CLinton Mo. 64735		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. Burial		24b. Reformed		24c. PRAIRIE CITY Bates Mo.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		DATE RECEIVED BY LOCAL REGISTRAR	
24d. 6-23-68		24e. Eckhoff Funeral Home, Appleton City, Mo.		24f. 6-22-68	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. [Signature]		25b. Mildred Begum		25c. 6-22-68	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

8-2-68
8-2-68

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 Oscar E. Hoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.

Permit Obtained 6-22-68
MMS