

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8175

BIRTH NO. _____		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>3013</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moore's Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles South of Ulrich</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHAN</u>			b. (Middle) <u>E</u>			c. (Last) <u>LINKHART</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 28 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>June 5 1877</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>		IF UNDER 48 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Ryder</u>		ADDRESS <u>Clinton 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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 WKS.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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>5 MAR</u> , 19 <u>49</u> , to <u>28 MAR</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>MAR 25</u> , 19 <u>49</u> , and that death occurred at <u>9:30 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD U</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>29 Mar. 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 29, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mullens</u>		24d. LOCATION (City, town, or county) (State) <u>Henry Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 31-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkinson</u>		ADDRESS <u>Clinton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 3-49-3

Date Filed 4-4-49

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 _____

None

Student Embalmer No. None

working under my personal supervision.

Signed None
Student Embalmer

Signed Francis Lee Schobey

Licensed Embalmer No. 4513

P. O. Address Clinton 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.