

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-041093

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 9 1965

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 431

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 0941				
2 0942				
3				
4 1				
5 2				
6				
7 0				
8 2				
9 420.0				
10				
11				
12 1-0				
13 1-2				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY ST FRANCIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. FRANCIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE			Length of stay in 1b		c. CITY OR TOWN FLAT RIVER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) - HOSPITAL OR INSTITUTION BONNE TERRE HOSP.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 901 TYLER ST	
3. NAME OF DECEASED (Type or print) First LOUISE Middle Last LINK		4. DATE OF DEATH Month NOV. Day 2 Year 1965					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-7-1888	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during hours of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE		11. BIRTHPLACE (City and state or country) MINNITH, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SETH HALL			13b. MOTHER'S MAIDEN NAME MARY VAUGHN		14. NAME OF HUSBAND OR WIFE JULIUS LINK. dec'd.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT CHESTER LINK - LEMAY, MO Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease DUE TO (b) Arterio Sclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Oct 31-65 to Nov 2-65 and last saw her alive on Nov 2-65 Death occurred at 5:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. H. Applesbury MD				22b. ADDRESS Keokuk, Mo		22c. DATE SIGNED 11-3-65	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-4-65	23c. NAME OF CEMETERY OR CREMATORY WORKMAN CEMETERY		23d. LOCATION (City, town, or county) (State) NEAR FLAT RIVER, MO.		
24. FUNERAL DIRECTOR CALDWELL & SONS			ADDRESS FLAT RIVER, MO		25. DATE RECD. BY LOCAL REG. Nov. 3, 1965	26. REGISTRAR'S SIGNATURE (Gather) Rudloff	

USE BLACK INK OR TYPEWRITER RIBBON

ST FRANCISCO MO. BOONE TERR. ST FRANCISCO MO.
 FLAT RIVER BOONE TERR. BOONE TERR. HERR
 DOI TYLER ST LOUISE
 11 - 2 - 62 C. W. K. 11-2-1883 83
 CHESTER C. W. K. - REMAY, MO. 2TH HALL HOUSE W. FE. FEMALE W. H. FE.
 MARY VAUGHN HOUSE W. FE. M. W. H. T. H. MO. V. S. B.
 UNKNOWN CHESTER C. W. K. - REMAY, MO. J. O. S. L. N. B. DEC 9

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, 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.

CALDWELL & SONS FLAT RIVER MO. 11-4-62
 WORMAN CEMETERY NEAR FLAT RIVER, MO.