

No. 300
10.48

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5891

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 34

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| 1. PLACE OF DEATH a. COUNTY <i>St. Francois</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Francois</i> | |
| b. CITY OR TOWN <i>Flat River</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Flat River</i> <i>0942</i> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--------------------------|----------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) <i>Mr. Julius</i> | a. (First) <i>Julius</i> | b. (Middle) <i>Nichols</i> | c. (Last) <i>Link</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 30 - 1950</i> |
|---|--------------------------|----------------------------|-----------------------|---|

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|--------------------|--------------------------------------|---|---|---|-----------------------------|-----------------------------|
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White - Cau.</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>February 3 - 1879</i> | 9. AGE (In years last birthday) Months Days <i>70 - 11 - 27</i> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|--------------------------------------|---|---|---|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Check For Veteran</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Veteran's Livery Co.</i> | 11. BIRTHPLACE (State or foreign country) <i>Evansville, Illinois</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
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| 13a. FATHER'S NAME <i>Mr. John Joseph Link</i> | 13b. MOTHER'S MAIDEN NAME <i>Julia Temper Link</i> | 14. NAME OF HUSBAND OR WIFE <i>Louise Hall Link</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>no</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Glen Peters (daughter)</i> | ADDRESS <i>Buckley St. Flat River, Mo</i> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intestinal Obstruction</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of Prostate</i> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <i>197X</i> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 *Jan 1, 1949*, to *Jan 30, 1950*, that I last saw the deceased alive on *Jan 29, 1950*, and that death occurred at *5:4* m., from the causes and on the date stated above.

| | | |
|---|-----------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <i>C. H. Appleberry MD</i> | 23b. ADDRESS <i>Flat River Mo</i> | 23c. DATE SIGNED <i>2-1-50</i> |
|---|-----------------------------------|--------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 24b. DATE <i>February 1 - 1950</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Woodman Cemetery</i> | 24d. LOCATION (City, town, or county) (State) <i>St. Francois Mo</i> |
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| DATE REC'D BY LOCAL REG. <i>Feb. 6 1950</i> | REGISTRAR'S SIGNATURE <i>Ether Rudolph</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Alvin W. Hood</i> | ADDRESS <i>303 Cass St. Flat River, Mo</i> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 14 1950.

DISTRICT HEALTH OFFICE No.

File No. 250-208

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.

Signed Alvin W. Hood.

Signed _____
Student Embalmer

Licensed Embalmer No. 2780.

P. O. Address 303 Chase St. Flat River, Md.

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.