

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10371

State File No. _____

FILED APR 3 1944

Registration District No. 32

Primary Registration District No. 5113

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Ballinger
(b) City or town Rural - Union Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ballinger
(c) City or town Rural (Patton Mo)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DEDIE ALICE LIMBAUGH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Jack Limbaugh 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 1 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Ballinger Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name Gene Young
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Wanda Biffle
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant A. C. Limbaugh
(b) Address Patton, Mo.

17. (a) Burial (b) Date thereof March 31-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Placent Valley Cem.

18. (a) Signature of funeral director Hebb-Holt Funeral Home
(b) Address Patton, Mo.

19. (a) 3/30/44 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1944 hour 5 minute _____ P. M.
21. I hereby certify that I attended the deceased from 2-12
_____ 1944 to 3-29 _____ 1944
that I last saw her alive on Feb 15 _____ 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary obstruction
Due to arterio sclerosis

Other conditions cirrhosis of liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 124 Pl

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature W. Harry Borron (M. D. certifier)
Address Patton, Mo. Date signed 3/30/44

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

RECEIVED

District Health Officer No. 4
District File Number 44-36
Date Filed 4-6-48

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed John Helt
Licensed Embalmer No. 4264
P. O. Address Fredericktown, 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.