

No. 300  
10-48

FILED MAY 12 1949 STANDARD CERTIFICATE OF DEATH

State File No. 14557

BIRTH NO. REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 4492 Registrar's No. 16

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

3. NAME OF DECEASED (Type or Print) a. (First) <b>W.</b> b. (Middle) <b>Earl</b> c. (Last) <b>Limbaugh</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 14 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>August 12 1903</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 24 HRS. Days <b>2</b>	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Deisel Engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mechanic &amp; Instructor</b>	11. BIRTHPLACE (State or foreign country) <b>Advance, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Joseph H. Limbaugh</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah F. Crader</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Peacetime</b>	16. SOCIAL SECURITY NO. <b>490-05-4217</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. H. Limbaugh</b>	ADDRESS <b>Oran, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		no 21
	DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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? _____
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22. I hereby certify that I attended the deceased from **7/11/49**, to **4/14**, 1949, that I last saw the deceased alive on **4/11**, 1949, and that death occurred at **8:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Cline M.D.</b> (Degree or title)	23b. ADDRESS <b>Oran, Mo.</b>	23c. DATE SIGNED <b>4/14/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 16 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friend Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Oran Scott County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4/28/49</b>	REGISTRAR'S SIGNATURE <b>G. B. MacCreedy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl J. Smith</b>	ADDRESS <b>Oran, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 549-525

Date Filed 5-10-49

AUG 31 1948

**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 .....  
Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, 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.