

FILED SEP 4 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26193**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>886</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY OR TOWN <u>Kansas Gate</u> <u>3418</u>		d. STREET ADDRESS (If rural, give location) <u>2403 Tracy St. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>				3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Limbrick</u> c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26 - 1951</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov 16 1900</u>		9. AGE (In years last birthday) <u>50</u>		10. MONTHS <u>9</u> DAYS <u>10</u> HOURS _____ MIN. _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bell Hop</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Bert Limbrick</u>	
13b. MOTHER'S MAIDEN NAME <u>Lizzie Reshears</u>		14. NAME OF HUSBAND OR WIFE <u>Barah Limbrick K6 Mo</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>4-1-10-3164</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Barah Limbrick</u>		ADDRESS <u>2403 Tracy K6 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Blood Syphilis</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) _____		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>Aug. 17, 1951</u> , to <u>Aug. 26, 1951</u> , that I last saw the deceased alive on <u>Aug. 25, 1951</u> , and that death occurred at <u>6:45</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>Dr. Joseph Mo. 90 Blake Hosp No 2</u>	
23c. DATE SIGNED <u>8/26-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sanitarium Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>K. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weatherman Bros Funeral Home</u>		ADDRESS <u>15th</u>		DATE REC'D BY LOCAL REG. <u>Aug 27, 1951</u>	
REGISTRAR'S SIGNATURE <u>Carl C. Coster</u>		446		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weatherman Bros Funeral Home</u>		ADDRESS <u>15th</u>	

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

KC MO.

OCT 24 1951

SEP 27 1951

SEP 21 1951

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 Bruce R. Weathers

Signed .....  
Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 1824 B. J. Dr. K.C.

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.