

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23404**

FILED JUL 7 1952

BIRTH NO.		REG. DIST. NO. 360	PRIMARY REG. DIST. NO. 3076	Registrar's No. 114
1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON		
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. LENGTH OF STAY (In this place) 40 years	c. CITY (If outside corporate limits, write RURAL and give township) Nevada 1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital		d. STREET ADDRESS (If rural, give location) 607 North Oak St 8		
3. NAME OF DECEASED (Type or Print) George O		a. (First) George	b. (Middle) O	c. (Last) Limbaugh
4. DATE OF DEATH (Month) (Day) (Year) June 18 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 1 1891	9. AGE (In years last birthday) 60 If UNDER 1 YEAR: Months 7 Days 12 If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian	10b. KIND OF BUSINESS OR INDUSTRY Church	11. BIRTHPLACE (City and State or Foreign Country) Missouri U		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Moses Limbaugh		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Esther E Limbaugh
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. 486-24-7029	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esther E. Limbaugh #607 N. Oak, Nevada, Mo.	
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, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
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 May 9, 1947 , to June 18, 1952 , that I last saw the deceased alive on June 17, 1952 and that death occurred at 3:45 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Ray W. Pumphrey M.D.		23b. ADDRESS Nevada Mo		23c. DATE SIGNED 6/20/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/21/52	24c. NAME OF CEMETERY OR CREMATORY Newton Cemetery	24d. LOCATION (City, town, or county) (State) Nevada Vernon Mo
DATE REC'D BY LOCAL REG. 6-30-52		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Schinger Funeral Home Nevada

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ray F. Milster* _____

Licensed Embalmer No. *4805* _____

P. O. Address *Nevada, 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.