

S. No. 300  
v. 10. 4a/11

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32140

State File No. ....

SEP 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3084 Registrar's No. 63

541

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>	<u>0541</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print), a. (First) <u>Anna</u> b. (Middle) <u>K</u> c. (Last) <u>Limback</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4th 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 3rd 1857</u>	9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months	# UNDER 6 HRS. Days	# UNDER 15 MIN. Hours	# UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Bethel, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
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13a. FATHER'S NAME <u>H. C. Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Ehlert</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Limback Deceased</u>	
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Limback Higginsville, Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decubitus Ulcer over Sacrum</u>						<u>Two weeks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>starvation, Extreme weakness</u>					<u>Insuff.</u>
	DUE TO (c) <u>Extreme Old age</u>					
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) <u>Higginsville Lafayette Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 7-14, 1952 to 9-4, 1952, that I last saw the deceased alive on 8-3, 1952, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wilbur E. Fulkerson M.D.</u>		23b. ADDRESS <u>Higginsville Mo</u>		23c. DATE SIGNED <u>9-6-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetry</u>	24d. LOCATION (City, town, or county) (State) <u>Corder, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 10 - 1952</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. H. H. Higginsville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

**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 Roy J Wiegans.....

Licensed Embalmer No. 2983.....

P. O. Address Higginsville, Missouri.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **QWN 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.