

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

State File No. **11424**

FILED APR 26 1954

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 163
1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Gir.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millersville		
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		d. STREET ADDRESS (If rural, give location) Route		
3. NAME OF DECEASED (Type or Print) a. (First) Arthur Isadore		b. (Middle) _____		c. (Last) Limbaugh
4. DATE OF DEATH (Month) (Day) (Year) 4 14 54		5. SEX M		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7 - 14 - 1915
9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Merchant		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME A.B. Limbaugh		
13b. MOTHER'S MAIDEN NAME Moore		14. NAME OF HUSBAND OR WIFE Ethel Limbaugh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-16-6409		17. INFORMANT'S SIGNATURE OR NAME A.B. Limbaugh ADDRESS Bell City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cordear Failure with pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cardio-vascular renal disease DUE TO (c) Diabetes Pulmonary Toe		INTERVAL BETWEEN ONSET AND DEATH 10 hrs 4 yrs 20 yrs 6 yrs
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) 442 X A
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? _____
22. I hereby certify that I attended the deceased from 1936 to 4-14, 1954 , that I last saw the deceased alive on 4-14, 1954 , and that death occurred at _____, from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		23b. ADDRESS Cap Girardeau		23c. DATE SIGNED 4-16-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-17-54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS McCombs Funeral Home, Jackson Mo.		
DATE REC'D BY LOCAL REG. 4-19-54		REGISTRAR'S SIGNATURE [Signature] 44-0		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 7 1954

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

Thos H Allen

Licensed Embalmer No. *4053*

P. O. Address *Jackson*

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.