

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17957**

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **273**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pollinger	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau c. LENGTH OF STAY (in this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Rural (Scope) 10090	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 4 miles west Mellenville	

3. NAME OF DECEASED (Type or Print) a. (First) HILLARY b. (Middle) Q. c. (Last) LIMBAUGH	4. DATE OF DEATH (Month) (Day) (Year) June 27, 1955
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) married	8. DATE OF BIRTH March 29, 1890	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) near Mellenville Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James P. Limbaugh	13b. MOTHER'S MAIDEN NAME Sophia Austin	14. NAME OF HUSBAND OR WIFE Emily Hop Bus Limbaugh
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y/N, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Hugh Limbaugh, Sulphur Springs Tex ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 mo.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis			6 mo
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 593X				

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) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **May, 1953** to **June 27, 1955**, that I last saw the deceased alive on **6-27, 1955**, and that death occurred at **6:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Limbaugh (Degree or title) MD	23b. ADDRESS 219 N Pacific Cape Girardeau	23c. DATE SIGNED 7-1-55
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24a. BURIAL, CREMATION, OR MOVAL (Specify) Burial	24b. DATE June 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Limbaugh	24d. LOCATION (City, town, or county) (State) 5 miles west Mellenville Mo
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DATE REC'D BY LOCAL REG. 7-5-55	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE W. Miller ADDRESS Jackson Mo
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(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

Lynn Steele

Licensed Embalmer No.

2476

P. O. Address

Jackson Md

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.