

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36329  
Registrar's No. 323

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH  
a. COUNTY COLE  
b. CITY OR TOWN JEFFERSON CITY, MO.  
c. LENGTH OF STAY (In this place) 10 Days  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI  
b. COUNTY COLE  
c. CITY OR TOWN Henley, Mo.  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 0260

3. NAME OF DECEASED (Type or Print) EMIL LIMBACH  
a. (First) b. (Middle) c. (Last)

4. DATE OF DEATH NOV. 9, 1955  
(Month) (Day) (Year)

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 13, 1890

9. AGE (In years last birthday) 65

IF UNDER 1 YEAR Months 0 Days 26 IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Max Limbach

13b. MOTHER'S MAIDEN NAME Frances Luehrman

14. NAME OF HUSBAND OR WIFE Bessie Kauffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs Bessie Limbach Henley, Mo. ADDRESS

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerosis  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) H46 X  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 1 year 7 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1955, to Nov 9, 1955, that I last saw the deceased alive on 11-9, 1955, and that death occurred at 11:45 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. G. Daylor M.D.

23b. ADDRESS Jefferson City, Mo.

23c. DATE SIGNED 11-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 12, 1955

24c. NAME OF CEMETERY OR CREMATOR Our Lady of Snows

24d. LOCATION (City, town, or county) (State) Marys Home, Mo.

DATE REC'D BY LOCAL REG. 15 Nov. 1955

REGISTRAR'S SIGNATURE R. G. Daylor M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Gulle

ADDRESS J. C. MO.

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.....  
Signature of Student Embalmer

Signed.....  
*Sylvester Dulle*

Licensed Embalmer No. *432*

P. O. Address *Jefferson Co*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.