

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40820**

FILED DEC 31 1956

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: MISSOURI b. COUNTY: SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN	
c. LENGTH OF STAY (in this place) 7 DAYS		d. STREET ADDRESS (If rural, give location) ORAN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MILDRED b. (Middle) _____ c. (Last) LIMBAUGH			4. DATE OF DEATH (Month) (Day) (Year) NOV. 27 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 22 1883	
9. AGE (in years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 RES. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	11. BIRTHPLACE (State or foreign country) MICHIGAN	
			12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME JOHN POLLICH		13b. MOTHER'S MAIDEN NAME AUGUSTA BRIGHT		14. NAME OF HUSBAND OR WIFE L. H. 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. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JACK LIMBAUGH CHAFFEE, 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, asthenia, 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) Pulmonary embolism		DUE TO (b) _____			2 days
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Choleliths & cholelithiasis Coronary artery disease			2 yrs

19a. DATE OF OPERATION 2/10/56		19b. MAJOR FINDINGS OF OPERATION Choleliths & cholelithiasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2 + 2		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 584x	
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 **29 Nov, 1956**, to **27 Nov, 1956**, that I last saw the deceased alive on **27 Nov, 1956**, and that death occurred at **3:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Habley, M.D.		23b. ADDRESS Case Recorder		23c. DATE SIGNED 2 Dec 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 28 1956		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL MEMORIAL	
				24d. LOCATION (City, town, or county) (State) MORLEY ORAN	
DATE REC'D BY LOCAL REG. 12-24-56		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ORAN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

44

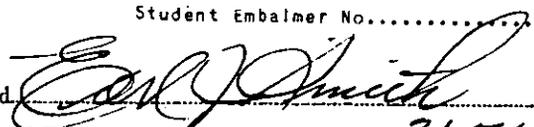
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Ocean, 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.