

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010525
STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 17

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-57
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1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE MO. 541	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIGGINSVILLE		c. CITY OR TOWN HIGGINSVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15 FAIRGROUND AVE.		d. STREET ADDRESS (If outside, give location) 15 FAIRGROUND AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM JOHN LIMBACK		4. DATE OF DEATH Month Day Year MARCH 13 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 2 1885
9. AGE (In years last birthday) 72		10. FUNDER 1 YEAR Months 6 Day 12	11. IF UNDER 24 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 country) LAFAYETTE CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HENRY LIMBACH	
13b. MOTHER'S MAIDEN NAME ANNA MEYER		14. NAME OF HUSBAND OR WIFE —	
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. 495-30-1149	17. INFORMANT Address FRED E. LIMBACK HIGGINSVILLE MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Natural Causes probably coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) This man was found dead in bed in his room by his land lady DUE TO (c) —			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from after death on 3/13/58 and last saw him alive on never Death occurred at — on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Martin M. Cornes 3		22b. ADDRESS @ desk Mo	22c. DATE SIGNED 3/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 15 1958	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	23d. LOCATION (City, town, or county) (State) HIGGINSVILLE MO.
24. FUNERAL DIRECTOR G. G. Hader	ADDRESS HIGGINSVILLE MO.	25. DATE RECD. BY LOCAL REG. 3-15-1958	26. REGISTRAR'S SIGNATURE Morris D. Bailey

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 2 1958

-01-244

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 ... *Wm. L. Hurman*

Licensed Embalmer No. *4563*

P. O. Address .. *Richmond, Va.* ..

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.