

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018063

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1400 No. River		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1400 No. River Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle Anthony Last Limbird			4. DATE OF DEATH Month May Day 23 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 26 1879	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery owner & clerk	10b. KIND OF BUSINESS OR INDUSTRY Grocery store	11. BIRTHPLACE (City and state or country) Norborne Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Anthony Limbird	13b. MOTHER'S MAIDEN NAME Cynthia Reed	14. NAME OF HUSBAND OR WIFE Flava Huff Limbird Decd.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 500-22-2737	17. INFORMANT Mrs. John Steele Address 718 Allen rd, Indep., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion		INTERVAL BETWEEN ONSET AND DEATH 3 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Uremia	
	DUE TO (c) Prostatic Carcinoma	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X		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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from May 1957 , to May 1959 and last saw ^{her} _{him} alive on May 19, 1959 Death occurred at 01:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Emmie McDonald MD	22b. ADDRESS 10901 Winona Rd	22c. DATE SIGNED May 25, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Fair Haven Cemetery	23d. LOCATION (City, town, or county) (State) Norborne Missouri
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24. FUNERAL DIRECTOR Geo. C. Carson & Sons ADDRESS Indep., Mo.	25. DATE RECD. BY LOCAL REG. 5-23-59	26. REGISTRAR'S SIGNATURE James Strain
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL INFORMATION ON THIS FORM MUST BE CAUSALLY RELATED.

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 *[Handwritten Signature]*

Licensed Embalmer No. *4697*
P. O. Address *Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.