

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012271

FILED VS APR 12 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leadwood</u>		Length of stay in 1b <u>35 yrs.</u>		c. CITY OR TOWN <u>Leadwood</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Underground Lead Mine</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1216 Pine St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Columbus Limp</u>				4. DATE OF DEATH Month Day Year <u>April 8, 1960</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-24-1896</u>		9. AGE (last birthday) <u>63 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trackman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>St Joe Lead Co.</u>		11. BIRTHPLACE (City and state or country) <u>Union Town, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Jacob Limp</u>			13b. MOTHER'S MAIDEN NAME <u>Annie McGinnis</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Limp</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>				16. SOCIAL SECURITY NO. <u>493-03-9586</u>		17. INFORMANT Address <u>Bonnie Guggenberger, Bismark, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> <u>unknown</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)									
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 <u>2-8-60</u> to <u>2-8-60</u> and last saw ^{her} <u>him</u> alive on <u>2-8-60</u> Death occurred at <u>10:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>W. Paul Dennis M.D.</u>				22b. ADDRESS <u>Flat River, Mo.</u>				22c. DATE SIGNED <u>4/9/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-11-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>		23d. LOCATION (City, town, or county) <u>Leadwood, Missouri</u>							
24. FUNERAL DIRECTOR <u>Bert L. Boyer, Leadwood, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Apr. 9, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1960

APR 28 1960

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 Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood

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.