

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013801

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 328 Primary Registration District No. 3173 Registrar's No. 14

FILED MAR 21 1962

VS 300
Rev. 4/59

1 1001

2 1001

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		Length of stay in 1b 7 HOURS	c. CITY OR TOWN CHAFFEE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 WRIGHT AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 210 No. THIRD ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES ALAN LIMBAUGH			4. DATE OF DEATH Month Day Year MARCH 6, 1962
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 AUG-22-1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT - CHAFFEE High School		10b. KIND OF BUSINESS OR INDUSTRY CAPE GIRARDEAU, Mo.	9. AGE (last birthday) 17 IF UNDER 1 YEAR Months 6 Days 14 IF UNDER 24 HR Hours 17 Min.
11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JACK O. LIMBAUGH		13b. MOTHER'S MAIDEN NAME ELIZABETH ALLEN POE	
14. NAME OF HUSBAND OR WIFE DOES NOT APPLY		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 Address JACK O. LIMBAUGH - CHAFFEE, 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) Burned beyond recognition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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)			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 checked="" 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.) House burned in which he was spending night	
20c. TIME OF INJURY Hour 3:00 p.m. Month, Day, Year 3-6-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION CHAFFEE	COUNTY SCOTT STATE Mo.
21. I attended the deceased from First call after death to death Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clayde Poe (Degree or title) Coroner		22b. ADDRESS Director Mo	22c. DATE SIGNED 3/8/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 9, 1962	23c. NAME OF CEMETERY OR CREMATORY FORREST HILLS CEMETERY	23d. LOCATION (City, town, or county) (State) CLARKE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS BISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo		25. DATE RECD. BY LOCAL REG. March 13-62	26. REGISTRAR'S SIGNATURE Mrs. Arnel Paraphing, Jr.

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.