

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22779

State File No.

FILED AUG 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 56

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| 1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>MO</u> b. COUNTY: <u>BOLLINGER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUTESVILLE</u> | c. LENGTH OF STAY (In this place) <u>20 years</u> | c. CITY OR TOWN <u>LUTESVILLE</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTESVILLE MO.</u> | | f. STREET ADDRESS (If rural, give location) <u>0090</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBA</u> | b. (Middle) | c. (Last) <u>LIMBAUGH</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-1-56</u> |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>July 4 - 1874</u> |
| 9. AGE (In years last birthday) <u>81</u> | If UNDER 1 YEAR Months <u>11</u> Days <u>27</u> | If UNDER 2 HRS. Hours <u></u> Min. <u></u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>PATTON, MO.</u> | |

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| 13a. FATHER'S NAME <u>JOHN ISSAC MUNGLE</u> | 13b. MOTHER'S MAIDEN NAME <u>BARBARA BOLLINGER</u> | 14. NAME OF HUSBAND OR WIFE <u>JOHN LIMBAUGH</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Limbaugh Lutesville, MO.</u> |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> <u>Arteriosclerotic Cardiovascular Disease</u> | | |
| | DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Decompensation Class IV</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 July 21, 1955 to July 1, 1956, that I last saw the deceased alive on June 21, 1956 and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or Title) <u>J. H. Trolinger M.D.</u> | 23b. ADDRESS <u>JACKSON, MISSOURI</u> | 23c. DATE SIGNED <u>7/13/56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>7-2-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>BOLLINGER Co. MEMPHR. LUTESVILLE, MO.</u> |
| 24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE, MO.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelley Funeral Home, Lutesville, MO.</u> | ADDRESS |
| DATE REC'D BY LOCAL REG. <u>July 25-56</u> | REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u> | (Licensed Embalmers' Statement on Reverse Side) |

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

520

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 *Raymond L. Duffie*.....

Licensed Embalmer No. *4798*.....

P. O. Address *Bernie, W.*.....

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.