

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2003**

FILED FEB 1 1952

BIRTH NO. **124** REG. DIST. NO. **206** PRIMARY REG. DIST. NO. **5748** Registrar's No. **3**

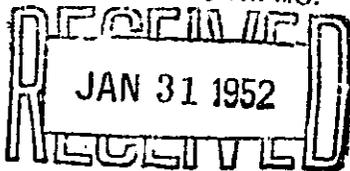
1. PLACE OF DEATH a. COUNTY MADISON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MINE LA MOTTE		c. LENGTH OF STAY (in this place) 53 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MINE LA MOTTE		d. STREET ADDRESS (If rural, give location) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION MINE LA MOTTE, Mo.					
3. NAME OF DECEASED (Type or Print) a. (First) LOUISA b. (Middle) ADELINE c. (Last) WAMPLER			4. DATE OF DEATH (Month) (Day) (Year) JAN. 17, 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 15, 1869	9. AGE (In years last birthday) 82	10. IF UNDER 1 YEAR Days -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) PATTON, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ELMER LIMBAUGH		13b. MOTHER'S MAIDEN NAME MARGARET SMITH		14. NAME OF HUSBAND OR WIFE ALEX WAMPLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALEX WAMPLER, MINE LA MOTTE, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) valvular heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) to DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. liver cirrhosis				INTERVAL BETWEEN ONSET AND DEATH Undetermined Aug 1951
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4214			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 Aug 8, 1951 , to JAN. 17, 1952 , that I last saw the deceased alive on JAN. 17, 1952 , and that death occurred at 6:30 A. M. , from the causes and on the date stated above.					
23a. SIGNATURE Maurice Grooman MD (Degree or title)			23b. ADDRESS Fredericktown Mo		23c. DATE SIGNED 1/22/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-22-52	24c. NAME OF CEMETERY OR CREMATORY MINE LA MOTTE CEMETERY	24d. LOCATION (City, town, or county) (State) MINE LA MOTTE, Mo.		
DATE REC'D BY LOCAL REG. 1-22-52	REGISTRAR'S SIGNATURE Flarence Sticks	25. FUNERAL DIRECTOR'S SIGNATURE Sam Najim, Jr.	ADDRESS Fredericktown, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

620

MADISON CO.
FREDERICK TOWEL CO.



FILE NO. 18-2-3

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 _____
Student Embalmer

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown Md

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 this body is not embalmed, fact should be so stated above.