

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-045909**

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 168

STATE FILE NUMBER

AMENDED

**FILED DEC 28 1961**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond <i>Swap</i></b>		c. CITY OR TOWN <b>Wellington</b>	
Length of stay in 1b <b>10 Weeks</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ray County Memorial</b>		d. STREET ADDRESS (If outside, give location) <b>St not listed</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>HENRY HERMAN LIMBERG</b>			4. DATE OF DEATH Month Day Year <b>December 13, 1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/21/87</b>
9. AGE (last birthday) <b>74</b>		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) <b>Laborer &amp; Parts Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Butler Mfg. Co.</b>	11. BIRTHPLACE (City and state or country) <b>Wellington, Missouri</b>
13a. FATHER'S NAME <b>Herman Limberg</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Jeude</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>500-22-01212</b>	17. INFORMANT Address <b>Mr. Erwin Limberg Wellington, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma prostate</b>			<b>4 years</b>
DUE TO (c)			
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 <b>Wellington</b>	COUNTY STATE <b>Missouri</b>
21. I attended the deceased from <b>1-8-48</b> and last saw him alive on <b>12-13-61</b> Death occurred at <b>12:15 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Wellington, Missouri</b>	22c. DATE SIGNED <b>12-18-61</b>
23a. BURIAL/CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/15/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Lukes</b>	23d. LOCATION (City, town, or county) <b>Wellington, Missouri</b>
24. FUNERAL DIRECTOR <b>J. C. Sheppard Wellington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-21-1961</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Blair Sheppard*

Licensed Embalmer No. 4179

P. O. Address Wellington, 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.