

1939 MAY 16

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15669  
Do not use this space.

1. PLACE OF DEATH  
(a) County Nodaway Registration District No. 025  
(b) Township \_\_\_\_\_ Primary Registration District No. 3051  
(c) City Maryville (d) Street No. St. Francis Hospital Registered No. 56  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME 152 Helen Ordelta Livingood  
(a) Residence, No. Nodaway County St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Glenn D Livingood  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1911  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarinda, Ia

FATHER 13. NAME Lonnie E. Congdon  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Market Iowa

MOTHER 15. MAIDEN NAME Pearl Harvey  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackton Iowa

17. INFORMANT Glenn D Livingood  
(ADDRESS) Burlington Junction Mo

18. BURIAL, CREMATION, OR REMOVAL (Name of place) Elmo, Mo DATE April 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo

20. FILED 4-8 1939 Mary E. Clardy  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1939  
22. I HEREBY CERTIFY, That I attended deceased from March 6, 1939, to April 5, 1939  
I last saw h.w. alive on April 5, 1939. Death is said to have occurred on the date stated above, at 10:15 P.M.  
The principal cause of death and related causes of importance were as follows:

second & 3rd degree burns of abdomen - lacerations & back & arms  
Date of onset 3/6/39  
M. M. O -  
Other contributory causes of importance: 181

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify \_\_\_\_\_  
(Signed) D. J. Dickland, M. D.  
(Address) Burlington Junction Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

151

RECEIVED  
District Health Officer No. 111  
District File Number 11-39-528  
15 1933

State Board of Health

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,

*Clayton M. Price*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Clayton M. Price*

Licensed Embalmer No.

*1822*

P. O. Address

*Manville N.J.*

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, above space should be left blank.

ILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15-669  
Do not use this space.

1. PLACE OF DEATH

(a) County Madawasky Registration District No. 625-  
(b) Township..... Primary Registration District No. 3031 Registered No. 30  
(c) City Maryville (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Helen Ordella Livingood  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>27</u>	MONTHS <u>7</u>
	DAYS <u>1</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-39

22. I HEREBY CERTIFY, That I attended deceased from .....

I last saw h. .... alive on ....., 19.... Death is said to have occurred on the day stated above, at.....m. The principal cause of death and related causes of importance were as follows:  
2d and 3d degree burns of abdomen, back and arms Date of onset 3/6/39

Other contributory causes of importance: 151

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED..... 19.... Local Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide: Accident Date of injury 3/6/39  
Where did injury occur? Burlington, Ia (Specify city or town, county, and State)  
Specify whether injury occurred in industry, (in home) or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify slang splashed  
(Signed) B. J. Weirandy, M. D.  
(Address) Burlington, Ia

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PER EXACT STATEMENT OF OCCUPATION

NOV 14 1953