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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 12 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 12172
Registrar's No. 387

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2215 N. Benton Ave., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2215 N. Benton Ave. 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Gordon Lewis Livingston
3. (b) If veteran, name was Yes (Peace Time 1933-34)
3. (c) Social Security No. ?
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May 23, 1907 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	11	14	..... hr. ..... min.

9. Birthplace Sleeper (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation R. R. Brakeman
11. Industry or business R. R. Employee

FATHER
12. Name Wm D. Livingston
13. Birthplace Iberia (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Arizona ~~Livingston~~
15. Birthplace Iberia (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Clara B. Voyles
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem.
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 5-8-48 (Date received local registrar) (b) W E Hansley M D (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 7, th day ..... year 1948 hour 2 minute 00 A. M.
21. I hereby certify that I attended the deceased from Apr 19, 1948, to May 7, 1948 that I last saw him alive on May 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	6 mo.
Due to	
Due to	
Other conditions Asthma (Include pregnancy within 3 months of death)	unknown
Major findings: Of operations	
Of autopsy None	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury ..... ✓
23. Signature H D Hilsley (M. D. or other)
Address 609 Cherry St. Date signed May 7 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Signed Max Rhodes

Licensed-Embalmer No. 4071

P. O. Address Springfield

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.