

FILED JUL 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23887

Registration District No. 290

Primary Registration District No. 5997

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Rural Union
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community Entire lifetime (Specify whether
years, months or days)3. (a) PRINT FULL NAME Alice Devitha Livingston

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William R. Livingston 6. (c) Age of husband or wife if alive 86 years7. Birth date of deceased 5 15 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 1 27 hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Calvia Sisco13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mr. W. R. Livingston(b) Address Dixon, Missouri17. (a) Burial (b) Date thereof 7/13/1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fox Crossing18. (a) Signature of funeral director Fred H. Gilbert(b) Address Dixon, Missouri19. (a) 7-16-48 (b) Helma C. Buckthorpe
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12
year 1948 hour 3 minute 15 A.M.21. I hereby certify that I attended the deceased from July 7, 1948
to July 11, 1948that I last saw her alive on July 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Hemiplegia

Duration

5 daysDue to hypertension unknownDue to arteriosclerosis and
chronic interstitial nephritis unknownOther conditions auricular fibrillation
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Donley Libe (M.D. or other) D.O.Address Dixon, Mo. Date signed 7-13-48

MOTHER FATHER

11. Industry or business

12. Name Calvia Sisco13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
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(Date received local registrar) (Registrar's signature)

(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. 7/12/1948
working under my personal supervision.

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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