

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 7465

FILED APR 11 1949

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, MO.</u>	
c. LENGTH OF STAY (in this place) <u>34 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2018 Francis St. Rosary Hill Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>2018 Francis St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Livingston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 25, 1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Custodian</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>JOHN LIVINGSTON</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH PAGE</u>	14. NAME OF HUSBAND OR WIFE <u>OPAL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-09-0253</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Young, St. Joseph, Missouri</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilitic Cardiovascular disease</u>		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>023x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>

22. I hereby certify that I attended the deceased from Mar. 30, 1949, to April 3, 1949, that I last saw the deceased alive on Mar. 30, 1949, and that death occurred at 2:42 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leonard Young M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo The Schneider Building</u>	23c. DATE SIGNED <u>4-4-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT AUBURN</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph MO</u>
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DATE REC'D BY LOCAL REG. <u>April 6, 1949</u>	REGISTRAR'S SIGNATURE <u>Lo. Jenkins 382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Burman</u>	ADDRESS <u>St. Joseph, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 Spalding

Licensed Embalmer No. 4535

P. O. Address 719 S. 10th St. Mpls. Minn.

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.