

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29347**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1018	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) Craig		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (F)(st) Georgia		b. (Middle) Ann		c. (Last) Livengood	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In the home		8. DATE OF BIRTH Feb. 1, 1903		9. AGE (In years last birthday) 46 If under 1 year: Months _____ Days _____ If under 1 hrs. Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) near Craig, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John C. Redmon		13b. MOTHER'S MAIDEN NAME Ida Perkins	
14. NAME OF HUSBAND OR WIFE Clarence Livengood		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Clarence Livengood - Mound City, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pancreatitis ANTECEDENT CAUSES DUE TO (b) ? Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) ? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis				INTERVAL BETWEEN ONSET AND DEATH 5 days 5870	
19a. DATE OF OPERATION 9-16-49		19b. MAJOR FINDINGS OF OPERATION Fatty degeneration of liver + Pancreatitis				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-12-49 , 1949, to 9-16 , 1949, that I last saw the deceased alive on 9-16 , 1949, and that death occurred at 4:20A m., from the causes and on the date stated above.							
23a. SIGNATURE Raise Ferguson M.D.				23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 9-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried at Mound City, Mo. Sept. 20, 1949		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY English Grove		24d. LOCATION (City, town, or county) (State) Near Fairfax, Mo.	
DATE REC'D BY LOCAL REG. Sept. 20, 1949		REGISTRAR'S SIGNATURE E. C. Jenkins		382		25. FUNERAL DIRECTOR'S SIGNATURE Wilber L. Scholer - Craig, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wilber L. Schooler

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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 this body is not embalmed, fact should be so stated above.