

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5343

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3040 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY OR TOWN Chillicothe		c. CITY OR TOWN Chillicothe 0572	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 Walnut		d. STREET ADDRESS (If rural, give location) 302 Walnut	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Jefferson c. (Last) Livick		4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Aug. 18, 1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Light Dep't	9. AGE (In years last birthday) 85
11. BIRTHPLACE (State or foreign country) Galesburg, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Livick		13b. MOTHER'S MAIDEN NAME Margaret A. Plecker	
14. NAME OF HUSBAND OR WIFE Ida Jane Doll		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. S.J. Gantner; Chillicothe, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 4 hr 2	
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) (Min.)	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 Jan 1948, to Feb 28, 1950 that I last saw the deceased alive on Dec 1949, and that death occurred at 11:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Mrs. S. J. Gantner		23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 3/1/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-2-50	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) Hamilton, Mo.
DATE REC'D BY LOCAL REG. Mar-1-50	REGISTRAR'S SIGNATURE Frances B Keell	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe Mo	

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.