

FILED APR 28 1950.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12683

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 375

1390

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> TOWNSHIP <u>Campbell Twsp.</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield R.F.D. # 9</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> TOWN <u>Rural/Campbell Twsp.</u>	
d. STREET ADDRESS (If rural, give location) <u>Springfield R.F.D. # 9</u>			
3. NAME OF DECEASED a. (First) <u>JAMES</u>		b. (Middle) <u>ARTHUR</u>	
		c. (Last) <u>LIVESAY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12 May 1898</u>
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Shipping Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Dardenella, Arkansas</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Livesay</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Osburn</u>	
		14. NAME OF HUSBAND OR WIFE <u>Lois Alberta Livesay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-03-7764</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.A. Livesay, Rt. 9, Springfield, Mo.</u>	
		ADDRESS _____	
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) <u>Myocardial Insufficiency</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 YRS</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Carcinoma (annular)</u>	
		DUE TO (c) <u>Bronchiogenic Carcinoma (metastatic)</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.		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 <u>Jan 14</u> 19 <u>50</u> , to <u>April 18, 1950</u> , that I last saw the deceased alive on <u>April 11, 1950</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William K. Simpson</u>		23b. ADDRESS <u>D.D., Sanders Bldg. - Springfield Mo 4-20-50</u>	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>21 Apr. 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Danforth Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-20-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	
		5. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Plouffe</u>	
		ADDRESS <u>Springfield, Missouri</u>	

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.

Signed Paul C. Thieme

Signed.....
Student Embalmer

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.