

5. No. 300
10. 48

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27575

State File No.

660
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BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) Iberia Richwoods Twp		c. CITY (If outside corporate limits, write RURAL and give township) Iberia Richwoods Twp	
c. LENGTH OF STAY (In this place) 11 1/2		d. STREET ADDRESS (If rural, give location) 0660	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Richard	b. (Middle) Monroe	c. (Last) Livingston	4. DATE OF DEATH (Month) (Day) (Year) 8 22 50
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5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 1, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR: Months 1 Days 21	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William N. Livingston	13b. MOTHER'S MAIDEN NAME Mary I. Castleman	14. NAME OF HUSBAND OR WIFE Addie Livingston
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Robert Livingston	ADDRESS Iberia, Missouri
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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 4 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic hypertrophy DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cystitis		YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March, 1950, to Aug. 22, 1950, that I last saw the deceased alive on August 21, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE: Wm. A. Gould (Degree or title) D.O.	23b. ADDRESS: Iberia Mo	23c. DATE SIGNED: 8/25/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/24/50	24c. NAME OF CEMETERY OR CREMATORY Livingston Cemetery	24d. LOCATION (City, town, or county) (State) Miller County, Missouri
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DATE REC'D BY LOCAL REG. Aug. 25, 1950	REGISTRAR'S SIGNATURE Jessie Perkins	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedges	ADDRESS Iberia, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 1 1950

MILLER COUNTY HEALTH
DEPARTMENT

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 *Walter P. Hedger*.....

Licensed Embalmer No. 4265.....

P. O. Address Iberia, 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.