

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36502

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>Iberia</u> <u>Richwads Twp</u>	
c. LENGTH OF STAY (in file place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>Iberia Route 2 0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>BERRY</u> c. (Last) <u>LIVINGSTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 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>Feb. 2, 1870</u>
9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	IF UNDER 1 HR. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William A. Livingston</u>	13b. MOTHER'S MAIDEN NAME <u>MARY I. Castleman</u>	14. NAME OF HUSBAND OR WIFE <u>EVA Waite Livingston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Livingston</u> ADDRESS <u>Iberia, Mo.</u>	
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>Bronchopneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Malnutrition</u> DUE TO (c) <u>Carcinoma head palate</u> 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	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>1 w.</u>		19d. INTERVAL BETWEEN ONSET AND DEATH <u>2 w.</u>	
19e. INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>		19f. INTERVAL BETWEEN ONSET AND DEATH <u>144X</u>	
19g. DATE OF OPERATION		19h. MAJOR FINDINGS OF OPERATION	
19i. 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/12, 1950</u> to <u>11/24, 1950</u> , that I last saw the deceased alive on <u>11/24, 1950</u> , and that death occurred at <u>10 AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (I, name or title) <u>Bruce R. Supababu, M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>11/25/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburied</u>	24b. DATE <u>Nov. 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Hickory Point Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miller County Missouri</u>
DATE REC'D BY LOCAL REG. <u>Nov. 25-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u> ADDRESS <u>Iberia, Mo.</u>	

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

1264

RECEIVED 11-27-50

DISTRICT HEALTH OFFICE No. 3

District File Number: _____

Date Filed: 11-27-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Walter P. Hedger

Signed _____
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Shreve, 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.