

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38121

383

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 6007		Registrar's No. 383	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Randolph		b. CITY (If outside corporate limits, write RURAL and give township) Rural -		a. STATE Mo		b. COUNTY Greene	
c. LENGTH OF STAY (In this place) Transit		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		d. STREET ADDRESS (If rural, give location) 1116 W. Pacific		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lmi met Jacksonville, Mo				d. STREET ADDRESS (If rural, give location) 1116 W. Pacific			
3. NAME OF DECEASED		a. (First) Wayne		b. (Middle) E		c. (Last) Livingston	
(Type or Print)		Wayne		E		Livingston	
4. DATE OF DEATH		(Month) Nov.		(Day) 17		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 25, 1929	
9. AGE (In years last birthday) 21		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Springfield, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Carl Livingston		13b. MOTHER'S MAIDEN NAME Delia Choate		14. NAME OF HUSBAND OR WIFE Virginia Livingston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 497-24-5848		17. INFORMANT'S SIGNATURE OR NAME Virginia Livingston			
(If yes, give war or dates of service) Worldwar II				Springfield Mo			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Undercurrent			
ANTECEDENT CAUSES				DUE TO (b) Auto Collision			
Morbidity 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.			
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) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R. E. W. Jacksonville		21c. (CITY, TOWN, OR TOWNSHIP) Randolph		(COUNTY) MO	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 18 - 5:11 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? auto collision		088	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 AM from the causes and on the date stated above. O.M.V.A.							
23a. SIGNATURE Mrs. A. Thomas				23b. ADDRESS Coronado		23c. DATE SIGNED Nov. 19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/19/50		24c. NAME OF CEMETERY OR CREMATORY National Ceme		24d. LOCATION (City, town, or county) Springfield Mo.	
DATE REC'D BY LOCAL REG. 11/19/50		REGISTRAR'S SIGNATURE Leah Williams		25. FUNERAL DIRECTOR'S SIGNATURE Bob Albert		ADDRESS Mrs. W. W. W. W.	

(Licensed Embalmer's Statement on Reverse Side)

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

1951 5 2 NOV

NOV 30 1950

DEC 1 1950

Date Received: NOV 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1999
Date Filed: NOV 28 1950

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

Albert Rivera

Signed.....
Student Embalmer

Licensed Embalmer No.

751

P. O. Address

Maesmo

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.