

FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32704**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4055 Registrar's No. 1067

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Easton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Easton</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Easton Town</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
<u>FRANK</u>			<u>10-18-51</u>		
a. (First)		b. (Middle)	c. (Last)		
<u>FRANK</u>		<u>LIVINGSTON</u>	<u>LIVINGSTON</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>Aug 31 1892</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	-------------------------------------	---	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Section Foreman C.B.R.R.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Frank Livingston</u>	13b. MOTHER'S MAIDEN NAME <u>Jannie Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>707-09-5244</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josephine Livingston</u>	ADDRESS <u>Easton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>a few hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c)		<u>3 yr</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 <u>4201</u>	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 Feb 1, 1948, to Oct 17, 1951, that I last saw the deceased alive on Oct 17, 1951, and that death occurred at 11A m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. F. Kimbrell M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph RR 4 Mo</u>	23c. DATE SIGNED <u>Oct 19-51</u>
---	--	-----------------------------------

24a. (BURIAL, CREMATION, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>10-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Mo.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>October 20, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hammett</u>	ADDRESS <u>Stewartville</u>
--	---	---	-----------------------------

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

NOV 23 1951

NOV 23 1951

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 W. E. Summersfield

Licensed Embalmer No. 3007

P. O. Address Stewartville, 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.