

FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

419994
State File No.

BIRTH NO. 85917-57 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 561

2495
0

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> <u>0405</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jonlin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jonlin</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>7 1/2 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>St. John's Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Galen</u> c. (Last) <u>Livingston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>7</u> <u>1951</u>		
5. SEX <u>Male ()</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>12 - 7 - 1951</u>		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Jonlin, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>James Earl Livingston</u>	
14. MOTHER'S MAIDEN NAME <u>Patty Ethylene Thatcher</u>		15. NAME OF HUSBAND OR WIFE		16. NAME OF HUSBAND OR WIFE	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant Never Worked</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jonlin, Missouri</u> <u>0</u>	
13a. FATHER'S NAME <u>James Earl Livingston</u>		13b. MOTHER'S MAIDEN NAME <u>Patty Ethylene Thatcher</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>James E. Livingston</u> <u>Rt 1 Galena Kansas</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>atelectasis</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (25 wks gestation)</u>			
		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 <u>7625</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12-7, 1951, to 12-7, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. J. ...</u> m.d.		23b. ADDRESS <u>Inco Bldg. - Jonlin</u>		23c. DATE SIGNED <u>12.8.51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Messier Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Galena (Rt. 1) Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Seylert</u>		ADDRESS <u>Galena, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>12-8-51</u>		REGISTRAR'S SIGNATURE <u>Ed. ...</u>		156	

RECEIVED 12-18-51
Jasper County Health Office
County File Number 51/12/948
Date Filed 12-18-51

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 Howard E. Gilson

Signed.....
Student Embalmer

Kansas. Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.