

STANDARD CERTIFICATE OF DEATH

State File No. **23837**
 Registrar's No. **226**

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bell City 1030	
c. LENGTH OF STAY (In this place) 5 hrs.		d. STREET ADDRESS (If rural, give location) R.R.L	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Draigh b. (Middle) Benard c. (Last) Livingston			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1952		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH March 20, 1951	9. AGE (In years last birthday) 1	10. MONTHS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bell City, Mo.	
13a. FATHER'S NAME Nimrod Livingston			13b. MOTHER'S MAIDEN NAME Julia Gaster		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nimrod Livingston, R.1, Box 418,	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumo Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION Bell City, Mo. INTERVAL BETWEEN ONSET AND DEATH	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 491X	
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 **7-7-1952** to **7-7-1952**, that I last saw the deceased alive on **7-7-1952** and that death occurred at **7:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE C. C. Summers (Degree or title)		23b. ADDRESS Cape Girardeau		23c. DATE SIGNED 7/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 11 1952		24c. NAME OF CEMETERY OR CREMATORY McMullen Cemetery	
24d. LOCATION (City, town, or county) (State) McMullen, Missouri		DATE REC'D BY LOCAL REG. 7-14-52		REGISTRAR'S SIGNATURE C. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks		ADDRESS Cape Gir., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Frank Sparks

Signed.....

Student Embalmer

Licensed Embalmer No.

3455

P. O. Address

Cape Girardeau

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.