

STANDARD CERTIFICATE OF DEATH

29455

State File No.

Registrar's No. **154**

BIRTH NO. **404** FILED **AUG 17 1953** REG. DIST. NO. **751** PRIMARY REG. DIST. NO. **4370**

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Page		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont		c. LENGTH OF STAY (In this place) 2 Mo. 1 da	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Lincoln		
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home			d. STREET ADDRESS (If rural, give location) 11 Mi. S.W. Clarinda		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ELMER c. (Last) LIVENGOOD			4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 12, 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Braddyville, Iowa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Levi Livengood		13b. MOTHER'S MAIDEN NAME Sarah Neff		14. NAME OF HUSBAND OR WIFE Mary Mack Livengood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Errod Livengood ADDRESS Elmo Mo		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Strongly heart disease & myocardial infarct. Senility, post-surgical.		INTERVAL BETWEEN ONSET AND DEATH 7 mo.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153X				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)		21f. HOW DID INJURY OCCUR?
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"/>				
22. I hereby certify that I attended the deceased from June 30, 1953 , to Aug 9, 1953 , that I last saw the deceased alive on Aug 8, 1953 , and that death occurred at 9:15 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Errod Livengood			23b. ADDRESS Elmo Mo		23c. DATE SIGNED Aug 11-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 13-1953	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) College Springs, Iowa.		
DATE REC'D BY LOCAL REG. 8-15-53	REGISTRAR'S SIGNATURE Less Holt		25. FUNERAL DIRECTOR'S SIGNATURE Lawson Danison, Clarinda, Ia		

(Licensed Embalmer's Statement on Reverse Side)

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

Body was not embalmed in Missouri

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

myself at Clarinda, Iowa

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Loren Davison

Iowa Licensed Embalmer No. 3148

P. O. Address

Clarinda, Iowa

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.