

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41794

FILED NOV 23 1953

State File No.
REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne Co.	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL Marshall, Mox Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont, Mo.	
c. LENGTH OF STAY (In this place) 3 y. 2 m.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State School, Marshall			
3. NAME OF DECEASED a. (First) Leroy b. (Middle) Earnest c. (Last) Livingston			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1953
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (never mar.)	8. DATE OF BIRTH 10/23/1934
9. AGE (In years last birthday) 19		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient	11. BIRTHPLACE (State or foreign country) Ruble, Reynolds Co., Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lyman Edgar Livingston		13b. MOTHER'S MAIDEN NAME Ida May Paul	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) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dr. George W. Johns, M.D., Supt. Mo. State School ADDRESS Marshall, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 days.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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 Congenital spastic, arrested development--idiocy.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 493X	
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 Nov. 14, 1953, to Nov. 16, 1953, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 10 p. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>G. Johns</i>		23b. ADDRESS M.D., Supt. Missouri State School, Marshall	
23c. DATE SIGNED 11/17/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 1953	
24c. NAME OF CEMETERY OR CREMATORY Yount Cemetery		24d. LOCATION (City, town, or county) (State) Garwood, Reynolds Co., Mo.	
DATE REC'D BY LOCAL REG. 11-17-1953		REGISTRAR'S SIGNATURE Sidney F. Gray 385	
FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 6

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 *R.W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, W.*

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.