

FILED JUN 17 1954

STANDARD CERTIFICATE OF DEATH

State File No. 21790

BIRTH NO. _____ REG. DIST. NO. 39 PRIMARY REG. DIST. NO. 6153 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Stoddard		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) Rural Pine-Twp.		c. CITY OR TOWN R-1 Advance	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 yrs		e. STREET ADDRESS (If rural, give location) Rural, Pine-Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural, Pine-Twp.			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) - c. (Last) Livingston			4. DATE OF DEATH (Month) (Day) (Year) April 9 1954	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED? Widowed	8. DATE OF BIRTH Aug. 3, 1890	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.				

13a. FATHER'S NAME Andrew Hughes		13b. MOTHER'S MAIDEN NAME Louisa Smith		14. NAME OF HUSBAND OR WIFE Wesley Livingston	
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Lula Strauss ADDRESS R-1, Advance, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Senility		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Mar 23**, 19**54**, to **9 April**, 19**54**, that I last saw the deceased alive on **6 April**, 19**54**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. D. Merrill M.D. (Deceased or Signer)		23b. ADDRESS Advance, Mo.		23c. DATE SIGNED 13 April 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-11-54		24c. NAME OF CEMETERY OR CREMATORY Rock Point Cemetery	
				24d. LOCATION (City, town, or county) (State) Stoddard Co. Mo.	

DATE REC'D BY LOCAL REG. 4/12/54		REGISTRAR'S SIGNATURE Gerrice Moore		25. FUNERAL DIRECTOR'S SIGNATURE H. Morgan ADDRESS Advance, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

1030

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.....
Signature of Student Embalmer

Signed *William H. Morgan*.....

Licensed Embalmer No..... *764*

P. O. Address..... *Advance*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.