

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39466

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Vernon Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Merada mo.</u>		c. LENGTH OF STAY (in this place) <u>6 hr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Merada City Hospital</u>		c. CITY OR TOWN <u>Merada Springs</u> STREET ADDRESS (If rural, give location) <u>117 W. Marshal St</u>	
d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>A</u> c. (Last) <u>LIVENGOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan 20, 1879</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>11</u> Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>John Augustberg</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ray L. Livengood</u>	
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 <u>Ray L. Livengood</u> ADDRESS <u>117 W. Marshal</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute left ventricular failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Uremic poisoning</u>		<u>10 days</u>	
DUE TO (c) <u>Chronic nephritis</u>				<u>Not known</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>					

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 Nov, 28, 1955, to _____, 19____, that I last saw the deceased alive on Nov. 28, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter B. Berry</u> (Degree or title) _____		23b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>		23c. DATE SIGNED <u>12/1/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville</u>	
24d. LOCATION (City, town, or county) (State) <u>Merada Springs mo.</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Clintonville</u>		24f. LOCATION (City, town, or county) (State) <u>Merada Springs mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-5-55</u>		REGISTRAR'S SIGNATURE <u>Armat & Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Carthage E. Dorado</u> ADDRESS <u>Merada Springs mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Floyd E. Cavathus*

Licensed Embalmer No. *44*

P. O. Address *S. Doan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.