

FILED JUN 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19452

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kirksville</b>		c. LENGTH OF STAY in this place <b>9 days</b>	c. CITY OR TOWN <b>Greencastle</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K. O. H.</b>		STREET ADDRESS (If rural, give location) <b>R. F. D. # 2</b>	

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3. NAME OF DECEASED a. (First) <b>Jake</b> (Type or Print)			b. (Middle)			c. (Last) <b>Livingston</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1956</b>						
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 7, 1871</b>			9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Chariton County, Mo</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Hugh Livingston</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Jane Smith</b>			14. NAME OF HUSBAND OR WIFE <b>Cora M. Judd</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cora M. Livingston, Greencastle, Mo.</b>		

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) <b>Medullary Paralysis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombosis</b>						<b>9 days.</b>	
		DUE TO (c) <b>Arteriosclerosis</b>						<b>years.</b>	
		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

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22. I hereby certify that I attended the deceased from June 12, 1956, to June 20, 1956 that I last saw the deceased alive on June 20, 1956 and that death occurred at 11:20 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>G. A. Scheuer</b> (Deputy or title) <b>D.O.</b>		23b. ADDRESS <b>Kirksville, Mo.</b>		23c. DATE SIGNED <b>6-21-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/23/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Thompson Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Sullivan Co., Mo.</b>	

DATE REC'D BY LOCAL REG. <b>6-23-56</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kirksville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *George W. Davala*

Licensed Embalmer No. *47*

P. O. Address *Kipsen*

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.