

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35189

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>108</u>		
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) -a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cameron</u>)		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		c. CITY OR TOWN <u>Cameron</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>616 West 3rd St.</u>				e. STREET ADDRESS (If rural, give location) <u>616 West 3rd St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>MAE</u> c. (Last) <u>LIVINGSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3 57</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 14 - 1897</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>E</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Santa Rosa Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Parker</u>			13b. MOTHER'S MAIDEN NAME <u>Jemima Carter</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>487-07-1859</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Livingston Cameron Mrs.</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myo Cardial Failure Immediate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Valvular Heart</u> DUE TO (c) <u>Disease & decompensation 5 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> 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 <u>Sept 2</u> , 19 <u>52</u> , to <u>Oct 25</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Oct 25</u> , 19 <u>57</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. James M.D.</u>				23b. ADDRESS <u>Cameron Mrs.</u>		23c. DATE SIGNED <u>11-6-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND</u>		24d. LOCATION (City, town, or county) (State) <u>CAMERON MO</u>		
DATE REC'D BY LOCAL REG. <u>11-6-57</u>		REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert F Polansky</u>		ADDRESS <u>Cameron Mrs.</u>		

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

5310

DEC 3 1957

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 *Lawrence J. Thompson*.....

Licensed Embalmer No...473...

P. O. Address *Cameron*.....

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.