

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005676  
STATE FILE NUMBER  
602

FILED FEB 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 602

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If outside, give location) 1801 South 17 <sup>th</sup> ST.	
3. NAME OF DECEASED (Type or print) HAROLD JAMES LIVINGSTON SR.		4. DATE OF DEATH Feb. 4, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 4, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY SHEFFIELD STEEL	11. BIRTHPLACE (City and state or country) STRONGHURST, ILLINOIS
13a. FATHER'S NAME OLIVER BENJAMIN LIVINGSTON		13b. MOTHER'S MAIDEN NAME CLARA BOLTON	14. NAME OF HUSBAND OR WIFE MABEL LIVINGSTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 486-10-7983	17. INFORMANT MABEL LIVINGSTON KANSAS CITY, KANS.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Arteriosclerotic Coronary Artery Disease DUE TO (c) Congestive Circulatory Disease			INTERVAL BETWEEN ONSET AND DEATH 1 day 3 mo 4 1/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Bilateral and Central Vermal Pneumonia			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 31 58, to Feb 4 1958 and last saw him alive on Feb 4 - 1958 Death occurred at 3 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Graham Asher MD		22b. ADDRESS 1270 Professional Bldg, Kansas City 6 - mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 7, 1958	
23c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS	
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS, KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 2-5-58	
26. REGISTRAR'S SIGNATURE newminshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Graham Asher

All diseases in Part I must be causally related.



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 *Don Lawler* .....

Licensed Embalmer No. *4915*  
P. O. Address *47 E. 32nd St*

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.