Health, Welfare Public Service

300 2 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004253
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #3 — Length of stay in 1b 2wks 2days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cass
c. CITY OR TOWN Garden City 0190 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS unknown (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANNA Middle Almeda Last LIVIX
4. DATE OF DEATH: Month 1 Day 25 Year 1959
5. SEX F 1
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH 10/22/1880
9. AGE (In years last birthday) 78 — 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) housekeeper
10b. KIND OF BUSINESS OR INDUSTRY housekeeping
11. BIRTHPLACE (City and state or country) Strawsburg, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Melville Scott
13b. MOTHER'S MAIDEN NAME Louisa Rice
14. NAME OF HUSBAND OR WIFE Allem M. Livix
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT State Hospital Records Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/9/59 to 1/25/59 and last saw her alive on 1/25/59
Death occurred at 2:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Esker M.D. (Degree or title)
22b. ADDRESS State Hospital No. 3
22c. DATE SIGNED 1/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1959 January 27
23c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery
23d. LOCATION (City, town, or county) Garden City (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home, Nevada, Missouri
25. DATE RECD. BY LOCAL REG. 2-2-59
26. REGISTRAR'S SIGNATURE Anna E. Ferry
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be taken. 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 B J Lindley .....

Licensed Embalmer No. 4822

P. O. Address Nevada, Mo.

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.