

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042838

FILED VS DEC 3 1959

317

Registration District No. **546**

Primary Registration District No. **3047**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OVERLAND		Length of stay in 1b 7 WEEKS	c. CITY OR TOWN CENTRAL TWP. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9437 PAGE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 1 HILLSBORO Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle N.M.N. Last LIVENGOOD			4. DATE OF DEATH Month NOV Day 13 Year 1959			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-29-81	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) JEFF. CITY Mo		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME JOHN POUNDS		13b. MOTHER'S MAIDEN NAME MATILDA TRIMBLE		14. NAME OF HUSBAND OR WIFE AB. LIVENGOOD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS TILLIE WIDEMAN OVERLAND Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Coriary Biltration			30 Mins
DUE TO (b) Arteriosclerotic Heart Disease			?
DUE TO (c) Arteriosclerosis General			?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hyperostrophic Spondylitis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. ---		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 **10-24-59** to **11-12-59** and last saw her ^{her} _{when} alive on **11-11-59**
Death occurred at **11-12-59** **11:50** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Nicholas W. Stale, M.A.		22b. ADDRESS 7130 Natural Bridge Rd		22c. DATE SIGNED 11/15/59
23a. BURIAL BURIAL	23b. DATE 11-15-59	23c. NAME OF CEMETERY OR CREMATORY WOODLAND	23d. LOCATION (City, town, or county) (State) DESOTO Missouri	
24. FUNERAL DIRECTOR ADDRESS J. LEE MOTHERSHEAD DESOTO Mo		25. DATE RECD. BY LOCAL REG. 11-17-59	26. REGISTRAR'S SIGNATURE John W. Muffly, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EMBI 30 1971

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 Andrew N. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.