

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013867

FILED VS. 1960 340 Primary Registration District No. 4503 Registrar's No. 29

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bernie		Length of stay in 1b		c. CITY OR TOWN Bernie		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robert Middle Bonner Last Livingston				4. DATE OF DEATH Month March Day 2 Year 1960				
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 5-22-1914	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months 9 Days 10	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (City and state or country) Bernie, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Walter Livingston			13b. MOTHER'S MAIDEN NAME Maude Bonner			14. NAME OF HUSBAND OR WIFE Lena Livingston		
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. 496-14-5410		17. INFORMANT Address Mrs. Lena Livingston, Bernie, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Liver + Biliary Passages							INTERVAL BETWEEN ONSET AND DEATH Unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
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 January 13, 1960 to Mar. 2, 1960 and last saw ^{her} him alive on Mar. 2, 1960 Death occurred at 9:20 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE F. O. Kelley D.O. (Degree or title)				22b. ADDRESS Bernie, Mo.			22c. DATE SIGNED 3-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-5-60	23c. NAME OF CEMETERY OR CREMATORY Bernie		23d. LOCATION (City, town, or county) Bernie, Missouri (State)			
24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.			25. DATE RECD. BY LOCAL REG. 3-17-60		26. REGISTRAR'S SIGNATURE Velma V. Jenkins			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Livelle Rainey

Licensed Embalmer No. 4983

P. O. Address Center, Md.

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.