

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042118

FILED VS DEC 5 1960

5722

STATE FILE NUMBER

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

DED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 46 YEARS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7111 BALES AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First SELINA Middle FRANCES Last LIVINGSTON				4. DATE OF DEATH Month NOVEMBER Day 11 Year 1960									
5. SEX FEMALE		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 JAN. - 14		9. AGE (last birthday) 46		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME THOMAS J. WATTERSON				13b. MOTHER'S MAIDEN NAME EDNA MAY MOORE				14. NAME OF HUSBAND OR WIFE WILLIAM L. 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. 494-30-1483		17. INFORMANT WILLIAM L. LIVINGSTON Address 7111 BALES AVENUE KANSAS CITY, MO.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH HAS BEEN CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Asthma DUE TO (b) 2^d. Cardiac Failure DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 15 yrs.			
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 <u>11/11/60</u> to <u>11/11/60</u> and last saw her ^{her} _{born} alive on <u>11/11/60</u> Death occurred at <u>11/11/60 7:09 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Alfred A. Caruso M.D.				22b. ADDRESS 5000 Michigan				22c. DATE SIGNED 11/11/60					
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 14, 1960		23c. NAME OF CEMETERY FLORAL HILLS CEMETERY				23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI					
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS				ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-14-60		26. REGISTRAR'S SIGNATURE H-d. Dwyer					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Alfred A. Caruso

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Louis Quast

Licensed Embalmer No. 409

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.