

MISSOURI DIVISION OF DEATHS - STANDARD CERTIFICATE OF DEATH

-61-012276

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6149 Registrar's No. 20

AMENDED

FILED APR 14 1961

DATE AMENDED 4-25-61
 INSTEAD OF April 6, 1961
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ April 5, 1961
 BY AFFIDAVIT OF Coroner
 ITEM NO. 4 & 20c

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dudley Duck Creek Twp.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Bloomfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 60</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 <u>Jesse</u> Middle <u>James</u> Last <u>Livingston</u>			4. DATE OF DEATH Month <u>5</u> Day <u>6</u> Year <u>1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/18/1913</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Methodist minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>minister</u>		11. BIRTHPLACE (City and state or country) <u>Parsons, Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alvin Livingston</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Nichols</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased Martha Livingston</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>x x x x x x x x x x</u>			
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Ted Livingston, Parsons, Tenn.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed chest, severe internal injuries, sudden possible fractured skull and broken neck,</u> DUE TO (b) <u>multiple fractures of both legs.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Was driver of a car that was involved in a head-on collision with a tractor-trailer truck.</u>			
20c. TIME OF INJURY Hour <u>9:30</u> Min. <u>30</u> Month <u>5</u> Day <u>6</u> Year <u>61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 60 1/2 mi. west of Dudley, Mo.</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Stoddard County</u>		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Wash Watkins Coroner</u>			22b. ADDRESS <u>Dexter, Missouri</u>		22c. DATE SIGNED <u>4-8-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4-8-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parsons Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Parsons, Tenn.</u>	
24. FUNERAL DIRECTOR <u>Watkins & Sons</u>		ADDRESS <u>Dexter, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/8/61</u>	26. REGISTRAR'S SIGNATURE <u>Velma J. Jenkins</u>

MAY 23 1961

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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Peeter M

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.