

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041140

AMENDED

FILED NOV 17 1961 Primary Registration District No. 1002 Registrar's No. 5573 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY L 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 Ib 3 yrs.	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5136 Brookwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5136 Brookwood

3. NAME OF DECEASED (Type or print) First Middle Last Jasper Newton Livingston			4. DATE OF DEATH Month Day Year November 6-1961		
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deck man		10b. KIND OF BUSINESS OR INDUSTRY Graham Drayage	11. BIRTHPLACE (City and state or country) Hancock Co. Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Livingston		13b. MOTHER'S MAIDEN NAME Julia Lowry		14. NAME OF HUSBAND OR WIFE Minnie B. 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. No		17. INFORMANT Ray Livingston, K.C. 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) Bacterial Pneumonia (bilateral)			INTERVAL BETWEEN ONSET AND DEATH few hours
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 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.)
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 Warrensburg, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from 10-26-61 to 11-6-61 and last saw him alive on 10-6-61 Death occurred at 9:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Bellfield Ockerson, M.D.		22b. ADDRESS 2210 Wornall Road	22c. DATE SIGNED 11-7-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-9-1961	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town, or county) (State) Warrensburg, Mo.
24. FUNERAL DIRECTOR The T. B. Sauninger, Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. 11-7-61	26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AWARDED BY AFFIDAVIT OF BELFIELD ATCHESON MEDICAL CERTIFICATION SHOULD READ

DOCUMENT

