

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **0012519**

0012019
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

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2 *0098*
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DATE AMENDED

MR FILED 19 64

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY FILED 19 64				2. USUAL RESIDENCE (Where, deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 30 hrs.		c. CITY OR TOWN Marble Hill		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Route 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last William Everett Livers				4. DATE OF DEATH Month Day Year 3 7 64					
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/15/1889		9. AGE (last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Henderson, Ky.		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME Crittendon Livers			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Zadie			
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. [REDACTED]		17. INFORMANT Address Zadie Livers, Marble Hill, 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) superior mesenteric occlusion SUPERIOR MESENTERIC ARTERY OCCLUSION DUE TO (b) arteriosclerosis ARTERIO SCLEROSIS DUE TO (c) 45D.0								INTERVAL BETWEEN ONSET AND DEATH 2 DAYS	
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 checked="" 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 checked="" 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 3-7-64 to 3-7-64 and last saw her/him alive on 3-7-64 Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE A. Sebransky (Degree or title) <i>[Signature]</i> M.D.				22b. ADDRESS Jewish Hospital		22c. DATE SIGNED 3-8-64			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-10-64		23c. NAME OF CEMETERY OR CREMATORY Bollinger County Memorial		23d. LOCATION (City, town, or county) Lutesville, Mo.			
24. FUNERAL DIRECTOR Ward Funeral Home, Lutesville, Mo.				25. DATE RECD. BY LOCAL REG. MAR 9 1964		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> M.D.			

OK

Coroner 3-10-64

Alan P. Taylor

REGISTRATION

EXAMINATION

ST. LOUIS, MO.

DATE OF EXAMINATION

NO. OF CANDIDATES

ST. LOUIS, MO.

X

ROUTE 1

X

EXAMINATION

EXAMINATION

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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 J. Wm. Buckley

Licensed Embalmer No. 3653

P. O. Address St. Louis, 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.

EXAMINATION

EXAMINATION

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