

10-39
17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12700

State File No. _____

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 weeks
(Specify whether _____)

In this community Two Years
years, months or days

3. (a) PRINT FULL NAME Elisha Herman Liston ²⁵⁰

3. (b) If veteran, name war **3. (c) Social Security** No.

4. Sex Male **5. Color or race** White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Widowed **6. (c) Age of husband or wife if alive** years

7. Birth date of deceased Sep 17 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 12
If less than one day hr. min.

9. Birthplace Virgil City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor of Medicine

11. Industry or business

12. Name Elisha Liston

13. Birthplace Preston Co. West Va.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Matheny

15. Birthplace Preston Co. West Va.
(City, town, or county) (State or foreign country)

16. (a) Informant W M Liston

(b) Address Post Office, Nevada

17. (a) Burial **(b) Date thereof** Mar 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen V Hays

(b) Address 300 W. Cherry Street Nevada Mo

19. (a) Mar 29 1940 (b) Allen V Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 721 N. Cedar Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1940 hour 3:00 minute 26P M.

21. I hereby certify that I attended the deceased from Jan 3, 1940
to Mar 29, 1940
that I last saw him alive on Mar 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Atrophic cirrhosis of liver ^{4 mo?}
Due to Cause unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) 124 1/2

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 795

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Allen V Hays (M. D. or other) 1

Address Nevada, Mo **Date signed** 3-30-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 4-40-604
Date Filed 4-8-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Allen V. Hays
Licensed Embalmer No. 1968
P. O. Address Nevada, Me

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 this body is not embalmed, above space should be left blank.