

U.S. No. 2  
OM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17890

State File No. \_\_\_\_\_

FILED JUN 13 1945

Primary Registration District No. 3056

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Huntsville---rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi. southeast of Huntsville  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Bell Lister

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1945 hour 11 minute 15 a. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 1 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 4, 1945, to May 31, 1945 that I last saw her alive on May 31, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 4 Days 30  
If less than one day hr. \_\_\_\_\_ min.

Immediate cause of death Hypostatic pneumonia

Due to Cerebral Hemorrhage

Due to \_\_\_\_\_

Duration

2 days

9 days

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

10. Usual occupation housewife

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name William Brewer

13. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alverson

15. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Victor Brockman

(b) Address Huntsville, Missouri

17. (a) Burial (b) Date thereof 6/2/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Burial or cremation Huntsville, Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 5-31-45 (b) Anna Kave  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. H. McCormick D.O. (M.D. or other)

Address 300 1/2 Reed St. Moberly, Mo Date signed 5-31-45

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

RECEIVED

District Health Officer No. 10

District File Number 6-45-891

Date Filed JUN 12 1945

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville, Md

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, fact should be so stated above.