

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1888

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Palmyra</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	d. STREET ADDRESS (If rural, give location) <b>916 Union St.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Marion County Farm</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>AMANDA</b>	b. (Middle)	c. (Last) <b>LISTER</b>	Month <b>Jan.</b>	Day <b>25</b>	Year <b>1949</b>

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 4, 1860</b>	9. AGE (In years last birthday) <b>88</b>	F UNDER 1 YEAR Months	F UNDER 1 YEAR Days	F UNDER 1 YEAR Hours	F UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Pike county, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>	
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13a. FATHER'S NAME <b>Stephen McAdams</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Frier</b>	14. NAME OF HUSBAND OR WIFE <b>Alexander Lister</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alexander Lister, 916 Union, Hannibal</b>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile Dementia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Arterio sclerosis</b>			
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>450°</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>0</b>
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22. I hereby certify that I attended the deceased from **Dec 1948**, to **Jan 25, 1949**, that I last saw the deceased alive on **Jan 7, 1949** and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. M. Luke M.D.</b>	23b. ADDRESS <b>Hannibal, Mo</b>	23c. DATE SIGNED <b>Jan 26 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 27, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-28-49</b>	REGISTRAR'S SIGNATURE <b>Viola Gees</b>	189	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kathryn A. Schwartz</b>	ADDRESS <b>Hannibal, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6420

**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. 273

working under my personal supervision.

Signed Kenneth R. Salzman  
Student Embalmer

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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 this body is not embalmed, fact should be so stated above.