

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16206

Registrar's No. 46

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 46			
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kidder</u>		3130			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>No street address</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornerius</u> b. (Middle) <u>Richard</u> c. (Last) <u>Lister</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 11, 1874</u>			
9. AGE (In years last birthday) <u>75</u>		Months <u>5</u>		Days <u>13</u>		Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>		11. BIRTHPLACE (State or foreign country) <u>Davis Co., Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Mr. Henry Lister</u>			13b. MOTHER'S M maiden name <u>Minerva Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Esther Lister</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flovie C. Seaton</u>			ADDRESS <u>4538 E. 61<sup>st</sup> St. Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Insufficiency</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____						INTERVAL BETWEEN ONSET AND DEATH <u>3 dd</u>  <u>6 mo</u>  <u>5 yrs</u>  <u>4221</u>	
19b. MAJOR FINDINGS OF OPERATION _____		19c. DATE OF OPERATION _____						19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>May 18, 1950</u> , to <u>May 24, 1950</u> , that I last saw the deceased alive on <u>May 29, 1950</u> , and that death occurred at <u>1:50 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. S. Compton M.D.</u> (Degree or title)				23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>May 26, 1950</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kidder Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-26-50</u>		REGISTRAR'S SIGNATURE <u>Wimfred W. Mosley</u> 390		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank General</u>		ADDRESS <u>Horace Hamilton Mo.</u>			

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

0750

MAY 27 1950



**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.

Signed Morris A. Brown

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3918

P. O. Address Farmington

**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.