

5. No. 300
IV. 10.48

FILED NOV 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32993

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>306</u>		Registrar's No. <u>282</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>One hour</u>		c. CITY OR TOWN <u>Jefferson City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas E. Still</u>				d. STREET ADDRESS (If rural, give location) <u>1127 West Main St</u>			
3. NAME OF DECEASED (Type or Print) <u>Dolly</u>			a. (First)		b. (Middle)		c. (Last) <u>Lister</u>
4. DATE OF DEATH <u>Nov 2 51</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White Amer</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7-28-1897</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Elston Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Elias M. Wilhite</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Alice Wilbeta</u>		14. NAME OF HUSBAND OR WIFE <u>Ellis R. Lister</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ellis R. Lister - 1127 W. Main St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lung Congestion</u> DUE TO (c) <u>Metastatic Carcinoma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>June 1950</u> <u>Nov 2nd 1951</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. 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) <u>Jefferson City Cole Mo.</u>			
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>Oct. 30th 1951</u> to <u>Nov 2nd 1951</u> , that I last saw the deceased alive on <u>Oct 30th 1951</u> , and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Macaulay D.O.</u> (Degree or title)				23b. ADDRESS <u>303 W McCarty, J.C. Mo</u>		23c. DATE SIGNED <u>11-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 3-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris MD-MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u> ADDRESS <u>Jefferson City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

266

RECEIVED NOV 6 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 6 - 1951

JUL 25 1951

JUL 28 1951

NOV 2 1951

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 _____
Student Embalmer

Signed Victor Buecher

1-0 Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.