

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15198**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **136**

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 1311 So. Ohio	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1311 So. Ohio		e. STREET ADDRESS (If rural, give location) 1311 So. Ohio	

3. NAME OF DECEASED (Type or Print) a. (First) Forest b. (Middle) DAVID c. (Last) LISTER		4. DATE OF DEATH (Month) (Day) (Year) April 22 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 11 - 1874
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 1 YEAR Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.	
11. BIRTHPLACE (City and State or Foreign Country) Actonville Canada		12. CITIZEN OF WHAT COUNTRY? 2	

13a. FATHER'S NAME David Lister	13b. MOTHER'S MAIDEN NAME Flora Mae Linn	14. NAME OF HUSBAND OR WIFE Irene Lister
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 702-14-4393	17. INFORMANT'S SIGNATURE OR NAME Mrs Irene Lister ADDRESS Sedalia

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis		10 days
DUE TO (c) Coronary Arteriosclerosis		Indefinite	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Diabetes Mellitus		3 years	
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)
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 **6-18-1943**, to **4-22-1953**, that I last saw the deceased alive on **4-22-1953** and that death occurred at **12:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Rodeman, M.D.	23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED 4-23-53
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-24-53	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia Mo
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DATE REC'D BY LOCAL REG. 4-24-53	REGISTRAR'S SIGNATURE R. Campbell, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE M^o Laughlin Bros ADDRESS Sedalia
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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 Philip M. Langhlin

Licensed Embalmer No. 3729

P. O. Address Seaside, 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.