

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21098

State File No. _____

FILED JUN 25 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 165

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>12 Days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>William</u>	c. (Last) <u>Lister</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 21, 1897</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Savannah, Ill</u>	12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Lister</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Nina Morrison</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>War 1</u>	16. SOCIAL SECURITY NO. <u>War 1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nona Lister</u> ADDRESS <u>Centertown, Mo</u>
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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, asthenia, 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: <u>Traumatic Shock</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Fractures</u> DUE TO (c) <u>1st & 2nd Burns</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9/2/3</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. CITY, TOWN, OR TOWNSHIP <u>Centertown</u> COUNTY <u>Cole</u> (STATE) <u>Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-5-53 12 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor overturned</u>
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22. I hereby certify that I attended the deceased from 6-5, 1953, to 6-17, 1953 that I last saw the deceased alive on 6-17, 1953, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. W. Oszman M.D.</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>6/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 20-1953</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis M.D. NR 68</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dille</u> ADDRESS <u>J. C. Mo</u>
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JUL 10 1953

MAR 15 1958

MAR 14 1958

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 _____

Licensed Embalmer No. 4321

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.