

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4354

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 62

FILED MAR 12 1954

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

1. PLACE OF DEATH a. COUNTY <u>Colo</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tebbetts, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mile North of Tebbetts, Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Osteopathic Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4 1954</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louie Elzie Lister</u> b. (Middle) <u>Lister</u> c. (Last) <u>Lister</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>Nov. 29, 1876</u>		9. AGE (In years last birthday) <u>77</u> if under 1 year <u>3</u> if under 1 month <u>5</u> if under 1 day _____ if under 1 hour _____ if under 1 min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Elston, Mo.</u>	
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 <u>Own</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Lister</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Lister</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ellis Lister</u> ADDRESS <u>Jefferson City, 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>Medullary Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension</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 _____		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>331 X</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>Mar. 1, 1954</u> , to <u>Mar 4, 1954</u> , that I last saw the deceased alive on <u>MAR. 4, 1954</u> , and that death occurred at <u>3:20 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R.E. Mason, Do.</u>			23b. ADDRESS <u>2 Charles E. Still Osteopathic Hosp. Jefferson City</u>		23c. DATE SIGNED <u>3/4/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 7, 1954</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>Mar 8 - 1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorrie MD-MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buischer</u> ADDRESS <u>Jefferson City Mo</u>	

MAR 12 1954

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 Buescher

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.