

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33363

State File No.

4707

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>35 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>7112 WALTON AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>		f. _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>JOHN</u> c. (Last) <u>LISTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 / 30 / 55</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 23 1908</u>
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RIBNIK YUGOSLAVIA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ARMOUR-Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JOHN LISTER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE PARADISE</u>	14. NAME OF HUSBAND OR WIFE <u>VIRGINIA LISTER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>S10-07-2849</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. VIRGINIA LISTER</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Primary carcinoma of right lung with metastasis</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of right lung with metastasis</u> ANTECEDENT CAUSE <u>birth metastasis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral bronchopneumonia</u>	
19a. DATE OF OPERATION <u>9-8-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rt. middle lobe bronchus. metastatic ca rt. scalene node</u>	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
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>Sept 1</u> , 19 <u>55</u> , to <u>Oct 30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 30</u> , 19 <u>55</u> , and that death occurred at <u>6:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jacob Kraft, M.D.</u>		23b. ADDRESS <u>701 E. 63rd ST.</u>	
23c. DATE SIGNED <u>OCT 31, 1955</u>		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV 2 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>11-2-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>		ADDRESS <u>1331 BAYSH CREEK KANSAS CITY MO.</u>	

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

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.....
Signature of Student Embalmer

Signed *Jess T. Decker*.....

Licensed Embalmer No. *44*.....

P. O. Address *Florida*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.