

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015261

STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 83

Health,  
Welfare  
Public  
Service

300  
1-57  
810

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Rolla township</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 63S</u>		Length of stay in 1b <u>16 days</u>	d. STREET ADDRESS (If outside, give location) <u>Highway 63S</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER THOMAS LISTER</u>			4. DATE OF DEATH Month Day Year <u>April 20, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 15, 1901</u>
9a. AGE (In years last birthday) <u>56</u>		9b. IF UNDER 1 YEAR Months Days	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salvage Business</u>	11. BIRTHPLACE (City and state or country) <u>Owensville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Lister</u>	
13b. MOTHER'S MAIDEN NAME <u>Molly Stoval</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice</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>492-12-6397</u>	17. INFORMANT <u>Mrs. Bernice Lister</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of stomach</u>			<u>1 yr</u>
DUE TO (c) <u>151X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>May 1957</u> to <u>April 1958</u> and last saw her/him alive on <u>April 19, 1958</u> Death occurred at <u>2:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W.A. Anderson</u>		(Degree or title) <u>MO</u>	22b. ADDRESS <u>Rolla Mo</u>
			22c. DATE SIGNED <u>4/21/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 22, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>
24. FUNERAL DIRECTOR <u>Paul E. Hull</u>		ADDRESS <u>Rolla, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Apr. 21, 1958</u>
		26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	

RECEIVED

Phelps County Health Officer,

County File Number 1021

Date Filed Apr. 29-58

1958

MAY 9

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 ..... *Paul E. Hull*

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.