No. 300
10-48

FILED APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13568

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 106

.44
0

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 3024 Market 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): W.W.Lankford (Wilford W.)

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: December 15, 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 3, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: C.B.&Q.Shop
11. BIRTHPLACE (State or foreign country): Ralls County Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: John A.Lankford
13b. MOTHER'S MAIDEN NAME: Lydia May Prosser
14. NAME OF HUSBAND OR WIFE: Hazel Painter Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W W 1
16. SOCIAL SECURITY NO.: 707 07 3951
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs.W.W.Lankford Hannibal Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage Left — INTERVAL BETWEEN ONSET AND DEATH: 10 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential Hypertension — 10 years
DUE TO (c):

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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-7-48, 19__, *to* 4-8-52, 19__, *that I last saw the deceased alive on* 4-8-52, 19__, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H L Greene 0 M. D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 4-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial A
24b. DATE: 4/11/52
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Ewing Missouri

DATE REC'D BY LOCAL REG.: 4-10-52
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher 189-9
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W. Crawford Smith Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 15 1952
MARION CO. HEALTH DEPT.
DATE FILED APR 1 1952

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed John S Spand

Signed.....
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.