No. 200
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39473

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 389

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): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Mills 0571
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Clifton Ellis Withers

4. DATE OF DEATH (Month) (Day) (Year): November 24, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: January 26, 1890
9. AGE (In years last birthday): 62 — If under 1 year: Months 9, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Station Agent
10b. KIND OF BUSINESS OR INDUSTRY: C.B.&.Q.R.R.
11. BIRTHPLACE (City and State or Foreign Country): Withers Mill Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Samuel Withers
13b. MOTHER'S MAIDEN NAME: Mary James
14. NAME OF HUSBAND OR WIFE: Jessie Hitch Withers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 707-07-6701
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Clifton Withers
ADDRESS: Moscow Mills 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 Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334X
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* 11-24, 1952 *to* 11-24, 1952 *that I last saw the deceased alive on* 11-24, 1952 *and that death occurred at* 9:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Hardesty (Degree or title): M.D.
23b. ADDRESS: Hannibal MO.
23c. DATE SIGNED: 11-28-52

24a. BURIAL—CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/28/1952
24c. NAME OF CEMETERY OR CREMATORY: Grandview
24d. LOCATION (City, town, or county) (State): Hannibal Ralls Missouri

DATE REC'D BY LOCAL REG.: 11-29-52
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: W. Crawford Smith
ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 1 1952
MARION CO. HEALTH DEPT.
DATE FILED DEC 1 1952

FEB 2 1955

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 W. Crawford Smith

Licensed Embalmer No. 2814

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.