

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13976

STATE FILE NUMBER

FILED APR 22 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 142

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part II must be casually related. Caregiver cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal <u>0644</u> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1407 Union
3. NAME OF DECEASED (Type or print) First HARRY Middle F Last WING			4. DATE OF DEATH Month April Day 13 Year 1957
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 6, 1887
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 3 Days 7 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Passenger Conductor		10b. KIND OF BUSINESS OR INDUSTRY C.B.&O.	11. BIRTHPLACE (City and state or country) Moscow Mills Missouri
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Charles Wing	
14. MOTHER'S MAIDEN NAME Leng not known		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Harry F. Wing, Hannibal Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH 6 mo. 11 years
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 WORK <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 4-11-46 to 4-13-57 and last saw ^{her} _{him} alive on 4-13-57 Death occurred at 9:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. L. Sime</i> (Degree or title) O		22b. ADDRESS M.D. 100 N. Sixth, Hannibal, Mo.	22c. DATE SIGNED 4-15-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 15, 1957	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	23d. LOCATION (City, town, or county) (State) Hannibal Missouri
24. FUNERAL DIRECTOR <i>H. Crawford Smith</i> ADDRESS Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 4-16-1957	26. REGISTRAR'S SIGNATURE <i>H. M. Suckley</i> by <i>H. C. Suckley</i>

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED APR 18 1957
MARION CO. HEALTH DEPT.
DATE FILED APR 18 1957

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 *W. Crawford Smith*
Licensed Embalmer No. 3814

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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