

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35171

State File No.

FILED NOV 13 1953

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 365

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 4 Days	c. CITY OR TOWN Fulton
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 200 S. Ravine St. 0143	

3. NAME OF DECEASED (Type or Print)	a. (First) Leonas	b. (Middle) Wilbur	c. (Last) Ardrey	4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6. 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 1	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (City and State or Foreign Country) Spencerburg, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Gideon L. Ardrey	13b. MOTHER'S MAIDEN NAME Sarah Matilda Lewellen	14. NAME OF HUSBAND OR WIFE Josephine W. Ardrey
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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. 487-22-2365	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leona McKenna	ADDRESS Fulton, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral arteriosclerosis + hypertension fracture of rt. humerus trauma by fall on 11/3/53		11/15/53
ANTECEDENT CAUSES	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 None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) outside home	21c. (CITY, TOWN, OR TOWNSHIP) Fulton, Callaway, Missouri (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 3. 1953 3:30 p.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall off ladder at home
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22. I hereby certify that I attended the deceased from 11/3, 1953, to 11/7, 1953, that I last saw the deceased alive on 11/6, 1953, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE Henry D. D. M.D.	(Degree or title)	23b. ADDRESS Fulton, Mo.	23c. DATE SIGNED 11/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 9 1953	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton, Mo
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DATE REC'D BY LOCAL REG. Nov 9 - 1953	REGISTRAR'S SIGNATURE Maretta Lawrence	426-0	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home	ADDRESS Fulton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 *William E. Treher*

Licensed Embalmer No. *4876*

P. O. Address *Hullton*

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.