

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

FILED AUG 18 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) 3 yrs.

e. STREET ADDRESS (If rural, give location) 1220 Judell

d. FULL NAME OF HOSPITAL OR INSTITUTION: Mark Twain Rest Home

f. DATE OF DEATH (Month) (Day) (Year) August 2, 1954

3. NAME OF DECEASED (Type or Print) LIZZIE

a. (First) L.

b. (Middle) ARDREY

c. (Last) ARDREY

4. DATE OF DEATH (Month) (Day) (Year) August 2, 1954

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH July 19, 1869

9. AGE (In years last birthday) 85

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and State or Foreign Country) Pike county, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Ardrey

13b. MOTHER'S MAIDEN NAME Maggie Schultz

14. NAME OF HUSBAND OR WIFE James W. Ardrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. ----

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Ardrey, 1511 Rinker, Hannibal

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Thrombosis

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 332X

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)

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 July 26, 1954, to Aug 1, 1954, that I last saw the deceased alive on Aug 1, 1954 and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Hannibal Mo.

23c. DATE SIGNED Aug 3/54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 8/4/54

24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery, Frankford, Mo.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8/4/54

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jack Schwartz, Hannibal, Mo.

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

RECEIVED AUG 16 1954
MARION CO. HEALTH DEPT.
DATE FILED AUG 16 1954

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 *Jack Schwartz*.....
Licensed Embalmer No. *4900*
P. O. Address *Hannibal*.....

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.