

No. 300
10.48

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31444

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Polk	
b. CITY OR TOWN Rural - Green	c. LENGTH OF STAY (in this place) 494RS	c. CITY OR TOWN Rural - Green 0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0840	

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Mabel c. (Last) ARDREY			4. DATE OF DEATH (Month) (Day) (Year) 9-7-54		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH MAR-31-1882		9. AGE (In years last birthday) 72 Months 5 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wellington, W. Virginia		12. CITIZEN OF WHAT COUNTRY? U.S
13a. FATHER'S NAME John Duncan		13b. MOTHER'S MAIDEN NAME MARtha BERKLEY		14. NAME OF HUSBAND OR WIFE T. J. ARDREY	
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.	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) Mr. T. J. ARDREY - 407 Goodson		

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) Diabetic mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
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 2600X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 2, 1954**, to **Sept 7, 1954**, that I last saw the deceased alive on **Sept 6, 1954**, and that death occurred at **2:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. D. Bailey		23b. ADDRESS do. of Arkansas, Mo.		23c. DATE SIGNED Sept 17
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-9-54	24c. NAME OF CEMETERY OR CREMATORY Payne Cem.	24d. LOCATION (City, town, or county) (State) Polk Co. MO	

DATE REC'D BY LOCAL REG. Sept 22, 1954	REGISTRAR'S SIGNATURE Ralph Gorden	258	25. FUNERAL DIRECTOR'S SIGNATURE Allen W. Coughan	ADDRESS Urban, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0840

007 2 8 13

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.

Signed Allen W. Saughan

Signed _____
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo.

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.