

THE DIVISION OF HEALTH OF MISSOURI
FILED FEB 21 1956 STANDARD CERTIFICATE OF DEATH

4255
 State File No.

BIRTH NO.		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>DENT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DENT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALEM</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 mo.</u>		c. CITY OR TOWN <u>RURAL FRANKLIN TWSP.</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>0</u> No <u>20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mosley Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>APPROX. 8 mi S.W. OF SALEM, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>MARION</u>		c. (Last) <u>ARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 10 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>JAN. 20, 1880</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DENT COUNTY, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN BAILEY ARD</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH ELLEN ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-16-1689</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EARL ARD</u>		ADDRESS <u>SALEM, MO.</u>	
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) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c) <u>Cerebrovascular accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extensive Pressure Sores</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>1 yr. ago</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				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 <u>Nov. 1955</u> , to <u>Feb 10, 1956</u> , that I last saw the deceased alive on <u>Feb 8, 1956</u> ; and that death occurred at <u>10 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. J. Bross, M.D.</u>		23b. ADDRESS <u>Salem, Missouri</u>		23c. DATE SIGNED <u>2/11/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 12, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DENT COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-10-56</u>		REGISTRAR'S SIGNATURE <u>R. E. Mitchell, M.D. by M.E.E.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blackwell-Warfel</u>		ADDRESS <u>Salem, Mo.</u>	

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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 Max L. Unruh

Licensed Embalmer No. 4170

P. O. Address Salem, N.J.

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.