

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34826

State File No. _____

0690

FILED NOV 13 1956 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City	
c. LENGTH OF STAY (in this place) 3yrs		d. STREET ADDRESS (If rural, give location) Town Limits	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe City Rest Home			
3. NAME OF DECEASED (Type or Print) a. (First) Calvin b. (Middle) Burtrua c. (Last) Ardrey		4. DATE OF DEATH (Month) (Day) (Year) 10-29-1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-16-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 48 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE (Deceased)			
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. 486-14-4095	
17. INFORMANT'S SIGNATURE OR NAME Calvin L. Ardrey		ADDRESS Monroe City Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	
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.) 490X	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 2-12-1954 , to 10-29-1956 , that I last saw the deceased alive on 10-29-1956 , and that death occurred at 4:30p m., from the causes and on the date stated above.			
23a. SIGNATURE F. M. Linnone (Degree or title) D.O.		23b. ADDRESS Monroe City, Mo.	
23c. DATE SIGNED 11-1-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-31-1956	
24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) Center Mo	
DATE REC'D BY LOCAL REG. 11-5-56		REGISTRAR'S SIGNATURE E. L. Robertson	
25. FUNERAL DIRECTOR'S SIGNATURE Harold Jarred		ADDRESS Monroe City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

8357-

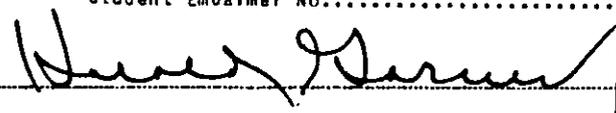
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.....

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City 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.