

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010159  
STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Monroe City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>069<sup>0</sup> 40<sup>F</sup> Chestnut</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>RICHARD</u> Middle <u>LEE</u> Last <u>ARDREY</u>			4. DATE OF DEATH Month <u>April</u> Day <u>2</u> Year <u>1959</u>		
5. SEX <u>Male</u> <input type="checkbox"/> <u>Female</u> <input type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 1, 1959</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>1</u> Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and state or country) <u>Hannibal Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Darrell Ardrey</u>		13b. MOTHER'S MAIDEN NAME <u>Dixie Burditt</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u> <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>	
17. INFORMANT <u>Darrell Ardrey</u>		Address <u>Monroe City Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary atelectasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Aspiration</u> DUE TO (c) <u>7625</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Possible septicemia (mother was ill w. subacute bacterial endocarditis)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION <u>Hannibal</u>		COUNTY		STATE	
21. I attended the deceased from <u>4-1-59</u> to <u>4-2-59</u> and last saw him alive on <u>4-2-59</u> Death occurred at <u>10:15</u> p. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Howard Smith, M.D.</u>		(Degree or title) <u>0</u>		22b. ADDRESS <u>Hannibal, Missouri</u>	
22c. DATE SIGNED <u>4-6-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/4/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	
23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u>		(State)			
24. FUNERAL DIRECTOR <u>V. Crawford Smith, Hannibal Missouri</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-8-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luckey</u>		<u>Sh. C. Fisher</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

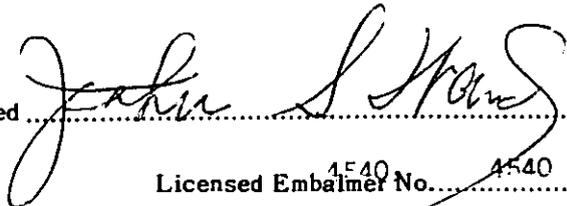
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be noted. All diseases in Part I must be causally related.

DATE FILED  
APR 8 1955

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 .....~~This body was not embalmed~~....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. <sup>1540</sup> 4540

P. O. Address Hannibal, Missouri

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.