

| FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH   |                        |  |  |                           | -60-016489  |  |
|---|------------------------|--|--|---------------------------|---|--|
| FILED VS MAY 5 1960   |                        |  |  |                           | STATE FILE NUMBER   |  |
| Registration District No. 310   |                        |  |  |                           | Primary Registration District No. 3058  |  |
| Registrar's No. 92  |                        |  |  |                           |   |  |
| 1. PLACE OF DEATH   |                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                                |                           |   |  |
| a. COUNTY St. Charles,  |                        |  | a. STATE Missouri b. COUNTY St. Charles  |                           |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles Twp.  |                        |  | c. CITY OR TOWN St. Charles Twp.   |                           | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2301 N. Benton Ave.                                   |                        |  | d. STREET ADDRESS (If outside, give location) 2301 N. Benton Ave.  |                           | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)   |                        |  | 4. DATE OF DEATH   |                           |   |  |
| First Middle Last William C. Ardrey   |                        |  | Month Day Year April 25, 1960  |                           |   |  |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 8, 1922  | 9. AGE (last birthday) 37 | IF UNDER 1 YEAR IF UNDER 24 HR  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic                              |                        |  | 10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs   |                           | Months 6 Days 17 Hours Min.   |  |
| 11. BIRTHPLACE (City and state or country) Hannibal, Mo.  |                        |  | 12. CITIZEN OF WHAT COUNTRY U.S.A.   |                           |   |  |
| 13a. FATHER'S NAME William E. Ardrey  |                        |  | 13b. MOTHER'S MAIDEN NAME Opal Eudd  |                           | 14. NAME OF HUSBAND OR WIFE Betty Lou Beeson  |  |
| 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. 486-20-2847  |                           | 17. INFORMANT Address Mo. Mrs. Betty Ardrey, St. Charles,   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:                             |                        |  |  |                           | INTERVAL BETWEEN ONSET AND DEATH  |  |
| IMMEDIATE CAUSE (a) self-inflicted gunshot wound  |                        |  |  |                           |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                        |  |  |                           |   |  |
| DUE TO (b)  |                        |  |  |                           |   |  |
| DUE TO (c)  |                        |  |  |                           |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                        |  |  |                           | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                    |                        |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 3:00 p.m.   |                        |  | Month, Day, Year 4-25-60   |                           |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                 |                        |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home                     |                           |   |  |
| 20f. CITY, TOWN, OR LOCATION St. Charles, Mo.   |                        |  | COUNTY St. Charles, Mo. STATE Mo.  |                           |   |  |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____   |                        |  |  |                           |   |  |
| Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.                        |                        |  |  |                           |   |  |
| 22a. SIGNATURE (Degree or title) Morris Muschary, Coroner   |                        |  | 22b. ADDRESS Wentzville, Mo.   |                           | 22c. DATE SIGNED 4-26-60  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |                        | 23b. DATE April 28, 1960   | 23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery   |                           | 23d. LOCATION (City, town, or county) (State) Center, Mo.   |  |
| 24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons Co., St. Charles, Mo.  |                        |  | 25. DATE RECD. BY LOCAL REG. APR 27-60   |                           | 26. REGISTRAR'S SIGNATURE Marceen Wilson  |  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 483

P. O. Address St. Ch

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.