

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27776
Registrar's No. 3887

FILED SEP 9 1944

Registration District No. 1 Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield mo
(c) Name of hospital or institution: 1022 West Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community 2 years

3. (a) PRINT FULL NAME

Sebastian Spencer Pike

3. (b) If veteran, name war unk.

3. (c) Social Security No. unk.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unk.
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Aug 31 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Bellevue - R.I.A. (City, town, or county) mo (State or foreign country)

10. Usual occupation minister of gospel

11. Industry or business

12. Name James Pike
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Derosssett
15. Birthplace Bellevue (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Marshall
(b) Address Springfield, mo.

17. (a) 1022 West Elm (b) Date thereof 8-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appls - Park Grove

18. (a) Signature of funeral director Ervin + Co
(b) Address Bellevue mo

19. (a) 8-23-44 (b) W. H. Hurd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Greene
(c) City or town Springfield mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1022 West Elm
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1944 hour 1.05 minute P M.

21. I hereby certify that I attended the deceased from Aug 17 1944 to Aug 21 1944
that I last saw Aug 21 alive on Aug 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright Disease of kidneys
Due to Chronic Bright Disease of kidneys

Due to Chronic Bright Disease of kidneys

Other conditions Valvular Heart
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury none

23. Signature W. H. Hurd (M. D. or other) Aug 21 1944
Address Springfield, mo Date signed Aug 21 1944

SEP 13 1956

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

