. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1946

State File No. 29711

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 308

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Callaway Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs. (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town McCredie Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Donald Douglas Fike

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 24, 1934
(Month) (Day) (Year)

8. AGE: Years 12 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation School boy

11. Industry or business

FATHER
12. Name Don Fike
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Peterson
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mr. Don Fike
(b) Address McCredie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton, Mo.

19. (a) Sept 17-1946 (Date received local registrar) (b) Josie Morsund Kluff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~August~~ Sept day 15
year 1946 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from 1944, 19 to 9-15, 1946
that I last saw him alive on 9-15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac dilatation	1 hr
Due to Bronchial Asthma	2 das
Due to Acute upper Respir. Infect.	2 das
Other conditions Pulmonary edema (Include pregnancy within 3 months of death)	6 hrs

Major findings:
Of operations
Of autopsy

95C

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (e) Means of injury 0

23. Signature John J. Brown (M. D. or other) MD
Address Fulton, Mo. Date signed 9-15-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-166
Date Filed 9-23-46

JAN 13 1958

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton Md.

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.