

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8842

State File No.
Registrar's No. **1150**

BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) —		d. STREET ADDRESS (If rural, give location) 101 E. 36th St. 3516	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.			

3. NAME OF DECEASED (Type or Print) Florence	a. (First) —	b. (Middle) —	c. (Last) Mc PIKE	4. DATE OF DEATH (Month) (Day) (Year) 3 - 12 - 50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9-18-88	9. AGE (In years last birthday) 61 1/2	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House - wife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Bowling Green Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William H. Edwards	13b. MOTHER'S MAIDEN NAME Luce R. Givens	14. NAME OF HUSBAND OR WIFE Miller McPike
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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. —	17. INFORMANT'S SIGNATURE OR NAME Miller McPike	ADDRESS 101 E. 36th
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk 12+ years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive - Hypertensio Cardiovascular disease 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 4/12 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1940**, to **March 11, 1950**, that I last saw the deceased alive on **3-11, 1950**, and that death occurred at **1:20 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Harold M. Roberts (Degree or title) M.D.	23b. ADDRESS 1103 Grand, K.C., Mo.	23c. DATE SIGNED 3-12-50
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24a. BURIAL - CREMATION REMOVAL (Specify)	24b. DATE 3-14-50	24c. NAME OF CEMETERY OR CREMATORY Bowling Green	24d. LOCATION (City, town, or county) (State) Bowling Green Mo.
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DATE REC'D BY LOCAL REG. 3-12-50	REGISTRAR'S SIGNATURE Gertrude Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Harold C. Hinks	ADDRESS Bowling Green Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Harold C. Kirk.....

Licensed Embalmer No. 45-97.....

P. O. Address Bowling Green,.....

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.