

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

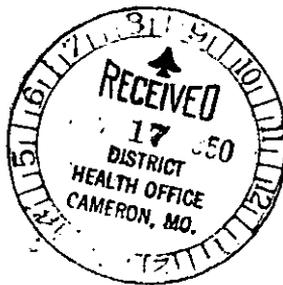
State File No. **12435**

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4157</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pattonburg</u>		c. LENGTH OF STAY (In this place) <u>55 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pattonburg</u> <u>0310</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>X</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Mikes</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>4</u> <u>1950</u>	
5. SEX <u>M</u> <u>0</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 24 1891</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 48 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RR Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lincoln Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Herman Mikes</u>		13b. MOTHER'S MAIDEN NAME <u>Freda R. Barlett</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Mikes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>702-05-7043</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred Mikes Pattonburg, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>Prostate Operation at Webber Hospital Decatur Illinois 2-9-50</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Short</u> <u>480X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>na</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 4, 1950</u> to <u>April 4, 1950</u> , that I last saw the deceased alive on <u>April 4, 1950</u> , and that death occurred at <u>9:05 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. Lee Shelhorse D.O. 2</u>				23b. ADDRESS <u>Pattonburg, Mo.</u>		23c. DATE SIGNED <u>4-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Town</u>		24d. LOCATION (City, town, or county) (State) <u>I MI N OF Pattonburg, Mo</u>	
DATE REC'D BY LOCAL REG. <u>15 Apr, 1950</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G.S. Cromer</u>		ADDRESS <u>Pattonburg, Mo</u>	

0310

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

APR 19 50
MAY 19 50



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 *E. S. Brown*

Licensed Embalmer No. 2857

P. O. Address Pattersonburg mo

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.