

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17227

State File No.

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY-REG. DIST. NO. 4249 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLSBORO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEADWOOD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
c. LENGTH OF STAY (in this place) <u>7 DAYS</u>		8. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1950</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ZEB</u> b. (Middle) <u>M.</u> c. (Last) <u>MCPIKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 30 1860</u>
9. AGE (in years last birthday) <u>90</u>	9. AGE (in years last birthday) <u>90</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>JAMES MCPIKE</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY WOLFORD</u>	14. NAME OF HUSBAND OR WIFE <u>LIZZIE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>GROVER THOMPSON</u> ADDRESS <u>LEADWOOD, MO.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of old age</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
ANTECEDENT CAUSES	DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) _____
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? _____

22. I hereby certify that I attended the deceased from May 9, 1950, to May 16, 1950, that I last saw the deceased alive on May 14, 1950, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Donnell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Desoto, Mo.</u>	23c. DATE SIGNED <u>5-16-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howell Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Washington County, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>But J. Boyer</u> ADDRESS <u>Leadwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/16/50</u>	REGISTRAR'S SIGNATURE <u>Kathleen [unclear]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

50-4

DATE RECEIVED 7-22-50
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.