

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33946

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 126	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. LENGTH OF STAY (In this place) 89 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		0512	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Nance Nursing Home				d. STREET ADDRESS (If rural, give location) 419 Maguire			
3. NAME OF DECEASED (Type or Print)		a. (First) Ellie		b. (Middle) Fike		c. (Last) Fike	
4. DATE OF DEATH		Month 10		Day 4		Year 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan 14, 1861	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Clay Fike			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clinton Barnhill Marshall Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				Chronic	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis					
		DUE TO (c)					
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 Apr. 4, 1949, to Oct. 4, 1950, that I last saw the deceased alive on Oct. 4, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Wm R Patterson M.D.				23b. ADDRESS Warrensburg, Mo		23c. DATE SIGNED 10/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 7, 1950		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg Missouri	
DATE REC'D BY LOCAL REG. Oct. 13, 1950		REGISTRAR'S SIGNATURE Savannah Hutchins		25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips Warrensburg Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 16 1950
JOHNSON 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Leo P. McGuirk

Signed.....
Student Embalmer

Licensed Embalmer No. *4807*

P. O. Address *Warrensburg, 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.