

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37873

0730

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

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3836 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEOSHO TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>NEOSHO RFD #3</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>JENNIE</u>		b. (Middle) _____ c. (Last) <u>PIKE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 1, 1950</u>		5. SEX <u>FEM.</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (1)</u>	
8. DATE OF BIRTH <u>MAY 5, 1856</u>		9. AGE (In years last birthday) <u>94</u> If UNDER 1 YEAR: Months <u>5</u> Days <u>26</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>HENSDALE N.H.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SERENE PIKE</u>		13b. MOTHER'S MAIDEN NAME <u>MINERVA BURNAM</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MYRON CALKINS, NEOSHO RFD #3</u> ADDRESS _____	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 11. 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 <u>10-31</u> , 19 <u>50</u> , to <u>11-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>50</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. H. Reynolds</u> (Degree or title) _____		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>11-6-50</u>		24. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-3-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NEOSHO I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Boneman</u> 223	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u>		ADDRESS <u>Neosho Mo</u>	

RECEIVED

District Health Officer No. Newton Co. H.D.

District File Number 1150-245

Date Filed 11/16/50

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 _____

Carley Thompson Jr.
working under my personal supervision.

Student Embalmer No. 384

Student Carley Thompson Jr.
Student Embalmer

Signed Carley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho 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.