

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1020**

FILED JAN 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **4**

0411  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>King City</b> <b>1350</b>	
c. LENGTH OF STAY (in this place) <b>5 mo</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sullivan Rest Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>	b. (Middle) <b>B</b>	c. (Last) <b>Fike</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1-1-1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-27-1872</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>State of Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Warren W Fike</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah Noah</b>	14. NAME OF HUSBAND OR WIFE <b>Rathall Fike</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Taggart Mortuary</b>	ADDRESS <b>King City, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>10 years</b>  <b>3 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardio-vascular disease</b>		
	DUE TO (c) <b>Cerebral Hemorrhage</b>		
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 <b>4201</b>	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) m.	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 **10-15**, 19**51**, to **1-1**, 19**52**, that I last saw the deceased alive on **1-1-52**, 19**52**, and that death occurred at **5:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Leonard R. Lee M.D.</b> (Degree or title)	23b. ADDRESS <b>Bethany Mo.</b>	23c. DATE SIGNED <b>1-2-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/1/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Taggart Mortuary</b>	24d. LOCATION (City, town, or county) (State) <b>King City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-2-52</b>	REGISTRAR'S SIGNATURE <b>Zola Burren</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. H. Lane</b>	ADDRESS <b>Bethany Mo.</b>
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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.....

*M. B. Lucas*

Licensed Embalmer No. 3899

P. O. Address *M. B. Lucas*

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.