FILED JUN 21 1954

No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. **18544**

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 498 Registrar's No. 56-56

0380

**1. PLACE OF DEATH**
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King City
c. LENGTH OF STAY (in this place): all life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King City 6380
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Myrtle
b. (Middle): C.
c. (Last): Pike

**4. DATE OF DEATH** (Month) (Day) (Year): June 11.1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 11.4.1886
**9. AGE** (In years last birthday): 67 — IF UNDER 1 YEAR: Months: 7 Days: 14 — IF UNDER 24 HRS.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): housework
**10b. KIND OF BUSINESS OR INDUSTRY**: same
**11. BIRTHPLACE** (State or foreign country): Gentry Co. Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Peter Cline XXXXXX
**13b. MOTHER'S MAIDEN NAME**: Margaret V. Miller
**14. NAME OF HUSBAND OR WIFE**: Herbert F. Pike.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Herbert F. Pike. King City Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid Colon with metastasis through entire bowel — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

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**: 153 X
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June, 19 36, *to* 6.11.1954, *that I last saw the deceased alive on* 6/11, 1954, *and that death occurred at* 11:50 P.M. *from the causes and on the date stated above.*

**23a. SIGNATURE**: Jack A. Barnes (Degree or title) D.O.
**23b. ADDRESS**: King City Mo.
**23c. DATE SIGNED**: 6.12.54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6.14.1954
**24c. NAME OF CEMETERY OR CREMATORY**: King City
**24d. LOCATION** (City, town, or county) (State): King City Mo.

DATE REC'D BY LOCAL REG.: June 14-54
REGISTRAR'S SIGNATURE: Maude Williams 462
**25. FUNERAL DIRECTOR'S SIGNATURE**: R. G. Jaggar
ADDRESS: King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.