

FILED JUN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21754

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).			
a. COUNTY <u>Scott</u>		b. CITY OR TOWN <u>Sikeston</u>		a. STATE <u>Tennessee</u>		b. COUNTY <u>Shelby</u>	
c. CITY OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>45 minutes</u>		c. CITY OR TOWN <u>Memphis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3567 Phillipwood</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>James</u>	b. (Middle) <u>Lamar</u>	c. (Last) <u>Fike</u>	Month <u>6</u>	Day <u>16</u>	Year <u>1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-17-1910</u>		9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>30</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McNees Sales Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benhur, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Fike</u>			13b. MOTHER'S MAIDEN NAME <u>Margdaline Samson</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret Riley Fike</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Fike</u>		ADDRESS <u>Memphis, Tenn.</u>	
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). <u>Coronary occlusion</u>					<u>1 hr</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>4201</u>					
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u>		21b. PLACE OF INJURY (e.g., to 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>6-16, 1954</u> , to <u>6-16, 1954</u> , that I last saw the deceased alive on <u>6-16, 1954</u> , and that death occurred at <u>6:15 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. C. Critchlow</u>			23b. ADDRESS (Degree or title) <u>m.o.</u> <u>412 Tanner, Sikeston, Mo.</u>			23c. DATE SIGNED <u>6-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>MEMPHIS TENN</u>		
DATE REC'D BY LOCAL REG. <u>6-18-54</u>		REGISTRAR'S SIGNATURE <u>Max Ella</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walsh Funeral Home - Sikeston Mo</u>			

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

DATE RECEIVED JUN 21 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 654-420

APR 18 1956

JUN 25 1954

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.....
Signature of Student Embalmer

Signed..... *Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address Lickston

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.