

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20989

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Mexico</u>	c. LENGTH OF STAY (in this place) <u>0</u>	c. CITY OR TOWN <u>Mexico</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>301 West Love</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford</u>	b. (Middle) <u>Carroll</u>	c. (Last) <u>McPike</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never married</u>	8. DATE OF BIRTH <u>Feb 26, 1887</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>News Stand</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Not employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vandalia, Missouri</u>	
13a. FATHER'S NAME <u>Thomas J. McPike</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lee Laird</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Will McPike, Vandalia, Missouri</u>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic degenerative Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES <u>with acute coronary thrombosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS <u>Hypertensive Coroner Venous disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>some Congestive Heart failure</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>

22. I hereby certify that I attended the deceased from 7-23, 1955, to 7-24, 1955, that I last saw the deceased alive on 7-24, 1955, and that death occurred at 7:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Darryl J. O'Brien</u>	23b. ADDRESS <u>Mc 400 Mexico Missouri</u>	23c. DATE SIGNED <u>7-29-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>

DATE REC'D BY LOCAL REG. <u>July 29-1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	FUNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>	ADDRESS <u>Vandalia, Mo.</u>
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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.....  
Signature of Student Embalmer

Signed *William B. Tate*.....

Licensed Embalmer No. *44*.....

P. O. Address *Vandell*.....

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.