

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41269

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5660 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY LEWIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL DICKERSON township)		c. LENGTH OF STAY (in this place) XXXXX	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL DICKERSON 560		
d. FULL NAME OF HOSPITAL OR INSTITUTION No. East Monticello			d. STREET ADDRESS (If rural, give location) No. East Monticello		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) WILLIAM	c. (Last) McPIKE	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 12, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 11, 1909	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) EMERSON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME L. G. McPIKE		13b. MOTHER'S MAIDEN NAME LOIS FIGGINS		14. NAME OF HUSBAND OR WIFE MOLLIE McPIKE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) NO	16. SOCIAL SECURITY NO. XXXXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME MOLLIE McPIKE	ADDRESS Monticello, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma		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.		153X		

19a. DATE OF OPERATION 1952	19b. MAJOR FINDINGS OF OPERATION Cause of lower bowel, with metastases to liver		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 10-19, 1955, to 12-12, 1955, that I last saw the deceased alive on 12-12, 1955, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE John Dykstra M.D.		23b. ADDRESS Canton, Mo	23c. DATE SIGNED 12-14-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/15/55	24c. NAME OF CEMETERY OR CREMATORY EMERSON	24d. LOCATION (City, town, or county) (State) EMERSON MISSOURI
DATE REC'D BY LOCAL REG. 12-15-55	REGISTRAR'S SIGNATURE P. W. Jennings	25. GENERAL DIRECTOR'S SIGNATURE M. O. Charles	
E. L.	ADDRESS Lewistown, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 5

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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.