

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39098

State File No. ....

FILED DEC 11 1956.

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Ray</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural-</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Ray</b>	
c. LENGTH OF STAY (in this place) <i>life</i>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <b>6 miles NE Richmond, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 miles N.E. Richmond, Mo.</b>				e. STREET ADDRESS (If rural, give location) <b>6 miles NE Richmond, Missouri</b>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>GEORGE</b>	b. (Middle) <b>MILTON</b>	c. (Last) <b>PIKE</b>	(Month) <b>Nov.</b>	(Day) <b>28,</b>	(Year) <b>1956</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>
8. DATE OF BIRTH <b>April 30, 1888</b>		9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 24 HRS. Day <b>28</b>	IF UNDER 1 HRS. Hour <b></b>	IF UNDER 15 MIN. Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Matthew Pike</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Anderson</b>		14. NAME OF HUSBAND OR WIFE <b></b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jack Pike, 2517 Highland Dr., K.C. Ks</b>				ADDRESS <b></b>	
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>							
INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>							
*This does not mean the mode of dying, such as heart failure, asphyxia, 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. <b>331X</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5</b> P. m., from the causes and on the date stated above.							
22a. SIGNATURE <b>John F. Baber</b>				22b. ADDRESS <b>Richmond, Missouri</b>		22c. DATE SIGNED <b>12-3-1956</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-3-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunny Slope Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Dec 8-1956</b>		REGISTRAR'S SIGNATURE <b>Malcol Jackson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas J. Barte Richmond Mo</b>			

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 *Thomas J. Carter*

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

P. O. Address... *Richmond* .....

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.