

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41492

STATE FILE NUMBER

FILED NOV 20 1957

Registration District No. 277 Primary Registration District No. 441 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Pike			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike		
b. CITY (If outside corporate limits, give TOWNSHIP only) Bowling Green		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bowling Green		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Pike Co. Rest Home		Length of stay in 1b 1 month	d. STREET ADDRESS (If outside, give location) North 9th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ALTHEA M McPIKE			4. DATE OF DEATH Month Nov Day 9 Year 1957		
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan 21 1898	9. AGE (In years from birthday) 58	IF UNDER 1 YEAR Months 9 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Pike County, Mo.		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Will Moore		13b. MOTHER'S MAIDEN NAME Kate Norvell		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. YES NUMBER UNKNOWN		17. INFORMANT Address Orvil Chatman, Bowling Green, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of uterus					INTERVAL BETWEEN ONSET AND DEATH 174X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I, or PART II of item 18.)			
20c. TIME OF INJURY Hour - Month, Day, Year a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 1 57 , to Nov 9 57 and last saw her Nov 9 alive on Nov 9 Death occurred at 4 PM Nov 9 57 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J.M. Mathews (Name or title)			22b. ADDRESS Bowling Green Mo		22c. DATE SIGNED 11-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 11, 57	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Bowling Green, Mo.
24. FUNERAL DIRECTOR J.O. Mudd		ADDRESS Bowling Green, Mo.		25. DATE RECD. BY LOCAL REG. 11-16-57	26. REGISTRAR'S SIGNATURE Bill Robinson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *James C. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Bearington, N.C.*

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.