ealth,
Welfare
ublic
ervice

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010719
STATE FILE NUMBER

FILED APR 10 1958 Registration District No. 209 Primary Registration District No. 5762 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Round Grove Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD # 1, Palmyra — Length of stay in Hospital 5 min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion 0640
c. CITY OR TOWN Round Grove Twnsp. — Inside Limits Yes ☐ No ☒ 0
d. STREET ADDRESS (If outside, give location) 8 mi. W. Palmyra, Mo — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Charles; Middle Benjamin; Last McPike

4. DATE OF DEATH Month March Day 23 Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ / **DIVORCED** ☐

8. DATE OF BIRTH 18 Sept. 1879

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Marion County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edd McPike

14. MOTHER'S MAIDEN NAME Nannie Keach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-42-0855

17. INFORMANT Address: Mrs. Bessie McPike, Rt. 1, Palmyra, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 15 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4500
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 ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3-22-58, to _____ and last saw her/him alive on 3-22-58
Death occurred at 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dwell W. Glascock, M.D. 0

22b. ADDRESS (22 W north St.) Palmyra, missouri

22c. DATE SIGNED 3-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 25 March 1958

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

23d. LOCATION (City, town, or county) (State) Palmyra, Missouri

24. FUNERAL DIRECTOR Lewis Brothers — ADDRESS Palmyra, Mo.

25. DATE RECD. BY LOCAL REG. 3-27-58

26. REGISTRAR'S SIGNATURE Dr. E. M. Lyche By Viola Geer, Deputy

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 8 1958
MARION CO. HEALTH DEPT.
DATE FILED APR 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George M. Leu

Licensed Embalmer No. 4851

P. O. Address Palmyra, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.