

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015314
STATE FILE NUMBER

FILED APR 24 1958

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>St. Roberts, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Roberts</u>		c. CITY OR TOWN <u>St. Roberts</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>9 mos.</u>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jacob Wike</u>			4. DATE OF DEATH Month Day Year <u>April 17, 1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>Jan. 1, 1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>medical doctor & minister</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>92</u>
11. BIRTHPLACE (City and state or country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Miles Wike</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Setzer</u>	
14. NAME OF HUSBAND OR WIFE <u>Jessie Wike</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>no</u>		17. INFORMANT Address <u>Mabel Civillotto Waynesville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardio-vascular and renal disease</u> DUE TO (c) <u>442X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT ☐ 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 <u>past 3 years</u> to <u>April 17, 1958</u> and last saw him alive on <u>April 17, 1958</u> Death occurred at <u>3:00 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. E. Neches, D.O.</u>		22b. ADDRESS <u>Waynesville, Mo.</u>	
22c. DATE SIGNED <u>4-18-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4/19/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lane Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Walnut Ridge, Arkansas</u>		24. FUNERAL DIRECTOR ADDRESS <u>Hedges Funeral Home Waynesville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>4-18-58</u>		26. REGISTRAR'S SIGNATURE <u>Paula Gray Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Walter P. Hedges*

Licensed Embalmer No. 4265

P. O. Address Iberia, Missou

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.