

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-016316

FILED VS. MAY 9 1960

Q 72

Primary Registration District No. **4403**

Registrar's No. **1**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Peru		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Peru	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Steele		c. CITY OR TOWN Steele	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 106 E Gibson	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Gladie Riley Pyke			4. DATE OF DEATH Month 5 Day 1 Year 60		
5. SEX M	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-22-86	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 3 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Hickman Ky	12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Forrest Pyke		13b. MOTHER'S MAREN NAME Lou James		14. NAME OF HUSBAND OR WIFE Lennie Pyke	
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.		17. INFORMANT Mrs Roy Reagon St Louis Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5-6 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Emphysema		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ a.m. _____ p.m. Month, Day, Year _____			

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 4-4-57 to 5-1-60 and last saw him alive on 6-1-68 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Am Sam [Signature]	22b. ADDRESS Steele Mo	22c. DATE SIGNED 5-2-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-3-60	23c. NAME OF CEMETERY OR CREMATORY 777 Zion	23d. LOCATION (City, town, or county) (State) Steele Mo
24. FUNERAL DIRECTOR Dermont Funeral Home	ADDRESS Steele Mo	25. DATE RECD. BY LOCAL REG. 5-4-60	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Jim F. McClure, Student Embalmer No. 596

working under my personal supervision.

Student Jim F. McClure

Signature of Student Embalmer

Signed Noel C. Seaw

Licensed Embalmer No. 394

P. O. Address Corinth

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