

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JUN 17 1960

-60-023884

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 25 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY		Length of stay in 1b 70 YRS	c. CITY OR TOWN MONROE CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 203 EAST LAWN ST		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 203 EAST LAWN ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EDMUND Middle JOSEPH Last PIKE			4. DATE OF DEATH Month JUNE Day 2 Year 1960		
5. SEX MALE	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 9-26-1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAIL ROAD EMPLOYE (RET)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CLARENCE, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME MARTIN PIKE	13b. MOTHER'S MAIDEN NAME ANASTASIA LEAKE	14. NAME OF HUSBAND OR WIFE BEATRICE PIKE
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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 Kenneth Luby Monroe City, Mo Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Essential Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 hr
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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 2-14-60 to June 2 and last saw her/him alive on 2-29-60
Death occurred at 3:30 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mary Patricia Shanker M.D. (Degree or title)	22b. ADDRESS Monroe City, Mo	22c. DATE SIGNED 6-6-60
23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL	23b. DATE 6-6-60	23c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY
23d. LOCATION (City, town, or county) MONROE CITY, MO		(State)

24. FUNERAL DIRECTOR Wilson Ross ADDRESS Monroe City, Mo	25. DATE RECD. BY LOCAL REG. 6-10-60	26. REGISTRAR'S SIGNATURE Elaine Miller
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUL 13 1960

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City

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