

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-018552 STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 73

AMENDED

**FILED # 6 1961**

1. PLACE OF DEATH  
 a. COUNTY Pike  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana Length of stay in 1b 2 Hours  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo: b. COUNTY Pike  
 c. CITY OR TOWN Clarksville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
 Sue Ann McPike May 29, 1961

5. SEX Female 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3/1/1960 9. AGE (last birthday) 1  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 10b. KIND OF BUSINESS OR INDUSTRY Child 11. BIRTHPLACE (City and state or country) Louisiana, Missouri USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Yates 13b. MOTHER'S MAIDEN NAME Shirley McPike 14. NAME OF HUSBAND OR WIFE \*\*\*\*

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. None 17. INFORMANT Shirley McPike, Clarksville, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Toxemia  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe broncho-pneumonia, base of left lung with pulmonary pleural space abscess  
 DUE TO (c)   
 INTERVAL BETWEEN ONSET AND DEATH 3 days  
 3 days

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.  Yes  No  Unknown

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 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 3/6/61 to 5/29/61 and last saw her alive on 5/29/61  
 Death occurred at 5:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Chas. H. Lavelle* M.D. 22b. ADDRESS 122 S. 3rd, Louisiana, Mo. 22c. DATE SIGNED 5/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 1, 1961 23c. NAME OF CEMETERY OR CREMATORY Greenwood 23d. LOCATION (City, town, or county) (State) Clarkville, Missouri

24. FUNERAL DIRECTOR ADDRESS CARROLL-COLLIER, CLARKSVILLE, MO. 25. DATE RECD. BY LOCAL REG. May 31-61 26. REGISTRAR'S SIGNATURE *Bernice Collier*

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Geo. M. Callier

Licensed Embalmer No. 3839

P.O. Address Riverside

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.