

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026255

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 102

AMENDED

FILED AUG 15 1961
a. COUNTY Pike

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana Length of stay in 1b 3 Wk's
c. CITY OR TOWN Louisiana Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 223 So 4th St Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Mary Elizabeth Mc Pike Aug 7 1961

5. SEX Female 6. COLOR OR RACE Colored 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/3/1884 9. AGE (last birthday) 77 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
Shoe Factory Pike County MO. U.S.A.

13a. FATHER'S NAME Preston Mitchell 13b. MOTHER'S MAIDEN NAME Inoretia 14. NAME OF HUSBAND OR WIFE Albert McPike

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mrs Bessie Holliday, Clarksville, 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) Acute Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 20 min
DUE TO (b) Coronary Thrombosis + myocardial infarction etc 24 hrs
DUE TO (c) Advanced Arteriosclerosis unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Moist gangrene of leg
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 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 8-31-60 to 8-7-61 and last saw her alive on 8-7-61
Death occurred at 12:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Per Y. Brohusen D.D. 22b. ADDRESS 219 N 5th St Louisiana Mo 22c. DATE SIGNED 8-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/10/1961 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 23d. LOCATION (City, town, or county) (State) Louisiana Missouri

24. FUNERAL DIRECTOR ADDRESS Sterne Funeral Home, Louisiana, Mo. 25. DATE RECD. BY LOCAL REG. Aug 11-1961 26. REGISTRAR'S SIGNATURE Arnell Collier

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT.
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 J. B. Sterne

Licensed Embalmer No. 44039

P. O. Address Louisiana 9

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.