

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031648

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 150 STATE FILE NUMBER

AMENDED

FILED AUG 22 1961

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>#402 No. Cedar St Jones Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>1325 East Walnut</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>RUTH GREEN PIKE</b>		4. DATE OF DEATH Month Day Year <b>August 10 1961</b>	
5. SEX <b>Fm</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-11-1875</b>
9. AGE (last birthday) <b>86</b>		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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Cedar Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Edward Pace</b>	
13b. MOTHER'S MAIDEN NAME <b>Green</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Albert Pike, Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Anne Story;</b>		Address <b>Nevada, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Stomach</b>			INTERVAL BETWEEN ONSET AND DEATH <b>about six months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>			
DUE TO (c) <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Advanced age</b>			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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>none</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>5:25 P.M.</b>			
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 <b>Nevada - Vernon - Mo.</b>	COUNTY STATE
21. I attended the deceased from <b>May 23/61</b> to <b>Aug 10/61</b> and last saw her alive on <b>Aug 10 - 1961</b> . Death occurred at <b>5:25 P.M.</b> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <b>W. Love</b>		22b. ADDRESS <b>Nevada, Mo.</b>	22c. DATE SIGNED <b>8-13-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>August 13, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Whitehall Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cedar County Missouri</b>
24. FUNERAL DIRECTOR <b>Ferry Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>8-19-1961</b>	26. REGISTRAR'S SIGNATURE <b>Anna S. Jerry</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed L. August Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Mo.

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.