

7. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36871

FILED JUN 30 1948  
Registration District No. **170**

Primary Registration District No. **5677**

Registrar's No. **70**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 Mile East of Competition, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 81 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede **53**  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 Mile East Competition, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME STEVEN A. DOUGLAS FIKE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Nancy C. Fike 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased April 4 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 2 2 hr. min.

9. Birthplace St. Clair County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER  
12. Name A. I. Fike  
13. Birthplace South Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Colger  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Fike

(b) Address Competition, Mo.

17. (a) Burial (b) Date thereof 6 9 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Porter Chapel Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address 304 S. Adams Lebanon

19. (a) 6-24-48 (b) Jessie B. Ryndy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th  
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 13 May 48 to 6 June 48  
that I last saw him alive on 13 May 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia Severe Duration 4 years  
Due to undetermined

Due to \_\_\_\_\_  
Other conditions Parkinsons Syndrome  
(Include pregnancy within 7 months of death)  
Senility

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature Paul A. Jean (M. D. or other) \_\_\_\_\_  
Address Lebanon Mo Date signed 17 June 48

Received 6/29/48

Laclede County Health Unit

File No. 6-48-64

Date Filed 6/29/48

FEB 19 1958

VS JUN 8 1961

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.....

James W. Wair....., Registered Apprentice No. 98  
working under my personal supervision.

Signed W. E. Helman

Licensed Embalmer No. 4107

P. O. Address Box 28 Lebanon, 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 this body is not embalmed, fact should be so stated above.