S. No. 300
v. 10.48

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41755

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Round Grove Twp.
c. LENGTH OF STAY (in this place): 86yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Round Grove, Twp.
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Elijah
b. (Middle): Edward
c. (Last): McPike

4. DATE OF DEATH (Month) (Day) (Year): November 19, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 6, 1863
9. AGE (In years last birthday): 86 years — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Marion County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William F. McPike
13b. MOTHER'S MAIDEN NAME: Sarah K. Hoskins
14. NAME OF HUSBAND OR WIFE: Annie L. Shumate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs John Exon, ADDRESS: Palmyra, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SENILITY
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HEART CONDITION

INTERVAL BETWEEN ONSET AND DEATH: E.9290 / 22

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): FARM
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): PALMYRA, ROUND GROVE TWP., MARION CO., MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-19-49 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: 64

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry J. Mitchell, Acting Coroner, magistrate
23b. ADDRESS: Palmyra, Missouri
23c. DATE SIGNED: 11-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/21/49
24c. NAME OF CEMETERY OR CREMATORY: Emerson Cemetery
24d. LOCATION (City, town, or county) (State): Emerson Mo.

DATE REC'D BY LOCAL REG.: 11-21-49
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke, By Viola Geer, Dep. 189
25. FUNERAL DIRECTOR'S SIGNATURE: Lewis Bros. ADDRESS: Palmyra, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 17 1949
MARIO[illegible] O. HEALTH DEPT.
DATE FILED DEC 17 1949

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 .....
Student Embalmer

Signed Geo B. Lewis

Licensed Embalmer No. 2382

P. O. Address Pomona-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.