.S. No. 300
EV. 10-48

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13381

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 162

0484
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vaile Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 0440
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blue Springs Mo (Shi-A-Bar)
d. STREET ADDRESS (If rural, give location): RR #1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): MILTON
c. (Last): PIKE

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 3, 1871
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 10 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Berlin Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James D. Pike
13b. MOTHER'S MAIDEN NAME: Mary Mc Manes
14. NAME OF HUSBAND OR WIFE: Lizzie Pike dec.

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'S SIGNATURE OR NAME: Mrs John Steinhauser — ADDRESS: Indep. 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): Cerebrovascular accident (Stroke) — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 331X

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 17, 1950, *to* April 22, 1950, *that I last saw the deceased alive on* April 21, 1950, *and that death occurred at* 7:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Hickman, MD
23b. ADDRESS: 1st Nat'l Bank Bldg Independence Mo
23c. DATE SIGNED: 4/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: April 24, 1950
24c. NAME OF CEMETERY OR CREMATORY: Oakland Church Cem
24d. LOCATION (City, town, or county) (State): 10 Miles E. of Indep

DATE REC'D BY LOCAL REG.: Apr 23-1950
REGISTRAR'S SIGNATURE: James [illegible] 354
25. FUNERAL DIRECTOR'S SIGNATURE: O H + Mitchell — ADDRESS: Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 RECD

MAY 22 1951

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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Henry G Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address Independence, 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.