

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

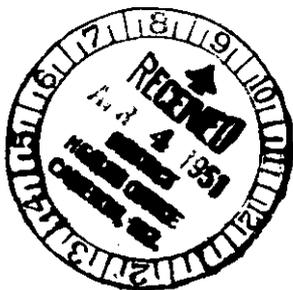
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State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5368 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Salem Twn.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Missouri</u> <u>0310</u>	
d. FULL NAME OF (If not in hospital) or institution, give street address or location) HOSPITAL OR <u>P.D.#4</u> INSTITUTION <u>Pattonsburg, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>--</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>MIKES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 12, 1929</u>
9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic U.S. Navy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Pattonsburg, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John D. Mikes</u>	
13b. MOTHER'S MAIDEN NAME <u>Mildred Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Leota Mikes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1-26-48, 4-25-50</u>		16. SOCIAL SECURITY NO. <u>4-25-5095-26-0913</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Leota Mikes, Pattonburg, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	<u>201X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>50</u> , to <u>Mar 27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 27</u> , 19 <u>51</u> , and that death occurred at <u>5:00A</u> am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Baumgardner DO</u>		23b. ADDRESS <u>Box 88 Coffey, Mo</u>	23c. DATE SIGNED <u>3/30/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 30, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Town Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pattonburg, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2 Apr. 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>81</u>	ADDRESS <u>Pattonburg, Mo.</u>

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

(Licensed Embalmer's Statement on Reverse Side)



APR 9 1951

MAY 21 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Louis Quest

Signed.....
Student Embalmer

Licensed Embalmer No. 4096

P. O. Address. Pottersburg, Md.

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.