

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17397**

13

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY 0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST CLEVELAND		d. STREET ADDRESS (If rural, give location) EAST CLEVELAND	

3. NAME OF DECEASED (Type or Print) a. (First) AMELIA c. (Last) PIKE			4. DATE OF DEATH (Month) (Day) (Year) 4-19-1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 1/8/1868		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Days 3 IF UNDER 12 HRS. Mins. 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAIR SENIORS		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? US.					

13a. FATHER'S NAME GUSTAVE REUSCH		13b. MOTHER'S MAIDEN NAME SARAH RICHTER		14. NAME OF HUSBAND OR WIFE JOHN F. PIKE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Chester Shinnick ADDRESS Monroe City	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) Cardio-Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 10 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) Cardiac Asthma		1 year 1 mo	
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 None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to **April 19, 1951**, that I last saw the deceased alive on **April 10, 1951**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George Hopson MD (Degree or title)		23b. ADDRESS Monroe City, Mo		23c. DATE SIGNED 4-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/23/1951		24c. NAME OF CEMETERY OR CREMATORY INDIAN CREEK	
24d. LOCATION (City, town, or county) (State) INDIAN CREEK Mo		25. FUNERAL DIRECTOR'S SIGNATURE Harold Garner ADDRESS Monroe City Mo			
DATE REC'D BY LOCAL REG. 4-25-51		REGISTRAR'S SIGNATURE Anna M. Buedtke 4-27			

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

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Date Received: **MAY 11 1951**
DISTRICT HEALTH OFFICE #2
District File Number *5157-1*
Date Filed: **MAY 12 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harold T. Turner* _____

Licensed Embalmer No. *3720* _____

P. O. Address *Mouse City, 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.