

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10831

FILED MAR 23 1953

1907 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. 275		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Demiseot</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseot</u>			
b. CITY (If outside corporate limits, write RURAL) and give OR TOWN <u>Rural Steele</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL) and give town (village) <u>Demiseot</u>		0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottrell</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <u>Ruffus</u> b. (Middle) <u>Leroy</u> c. (Last) <u>Pike</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>11</u> (Year) <u>1953</u>				
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>1908</u>	
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Caruthersville Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Forrest Pike</u>		13b. MOTHER'S MAIDEN NAME <u>Lula James</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Otto D. Pike Steele, Mo.</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning, Accidentally</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. <u>E9298</u> <u>42</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, in or about street, on bridge, etc.) <u>State Road # 1</u>		21c. CITY (TOWN) OR TOWNSHIP <u>Steele</u> (COUNTY) <u>Demiseot</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) <u>March</u> (Day) <u>11</u> (Year) <u>1953</u> (Hour) <u>?</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in road ditch and drowned</u>			
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 <u>John St. German</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Hart, Mo.</u>		23c. DATE SIGNED <u>3-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cemetery</u>		24d. LOCATION (City, town, or county) <u>Steele, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-18-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>German Undert. Co.</u> ADDRESS <u>Steele, Mo.</u>			

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

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PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 20 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 *John St. German*

Signed.....
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hoyts, 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.