

FILED JAN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1634**
Registrar's No. **8**

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		State File No. 1634		Registrar's No. 8					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Canada b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (in this place) 3 mos.		c. CITY OR TOWN Winnipeg		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION 2723 Northern Blvd				e. STREET ADDRESS (If rural, give location) 8600		8							
3. NAME OF DECEASED (Type or Print)			a. (First) JEAN		b. (Middle) CLARK		c. (Last) PIKE		4. DATE OF DEATH (Month) (Day) (Year) JAN. 3, 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 3, 1891		9. AGE (In years) (last birthday) 62		IF UNDER 1 YEAR Months Days 4		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and State or Foreign Country) Inverness, Scotland				12. CITIZEN OF WHAT COUNTRY? Canada			
13a. FATHER'S NAME Alexander Stewart				13b. MOTHER'S MAIDEN NAME Jane Clark				14. NAME OF HUSBAND OR WIFE Charles Jess Pike					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Stanley L. Curtis - Index, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure								INTERVAL BETWEEN ONSET AND DEATH Sept. 27, 1953	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) massive myocardial infarction									
				DUE TO (c) Coronary Sclerosis + Occlusion									
				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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201							
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 Sept 27, 1953 , to Jan 3, 1954 , that I last saw the deceased alive on Jan 3, 1954 , and that death occurred at 4:30 P.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Hazel V Woods M.D.						23b. ADDRESS Independence Mo				23c. DATE SIGNED Jan 4 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 4, 1954		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Winnipeg, Canada							
DATE REC'D BY LOCAL REG. 1-4-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Roland B. Speake		ADDRESS Independence Mo							

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

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.....
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *491*.....

P. O. Address *Indep.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.