

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36635

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4055 Registrar's No. 1271

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN Easton Town		c. CITY OR TOWN Easton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) Elonzo W. Pike	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 14/1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Clinton Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Mandville Pike	13b. MOTHER'S MAIDEN NAME Frances Akers	14. NAME OF HUSBAND OR WIFE Tillie Pike
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 728-07-6729	17. INFORMANT'S SIGNATURE OR NAME Mrs Harold Akers Gower Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 3 mos 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial insufficiency</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of prostate</i> 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1952, to Nov. 24, 1954, that I last saw the deceased alive on Nov. 24, 1954, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. J. Drury, Do.	23b. ADDRESS Stewart'sville, Mo.	23c. DATE SIGNED 12-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/27/1954	24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	24d. LOCATION (City, town, or county) (State) Gower, Mo.
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DATE REC'D BY LOCAL REG. Dec. 8, 1954	REGISTRAR'S SIGNATURE Bethen M. Allison	485	EMERALD DIRECTOR'S SIGNATURE John A. Murray	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1954

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John H. Murray

Licensed Embalmer No.

2893

P. O. Address

Gower 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.