

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20966**BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **4087** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE nebraska b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) SAVANNAH c. LENGTH OF STAY (to this place) 6 days		c. CITY OR TOWN plymouth d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DR. Nichols Sanitorium		f. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) martha b. (Middle) Wilhemia c. (Last) PIKE		4. DATE OF DEATH (Month) (Day) (Year) 6-26-1955	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1886-9-16
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 9 Days 16 IF UNDER 1 HR. Hour 16 Min.		11. BIRTHPLACE (City and State or Foreign Country) DAVIS CITY ILL. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Conrad mollenberandt	
13b. MOTHER'S MAIDEN NAME Carolina Kochmeyer		14. NAME OF HUSBAND OR WIFE HENRY PIKE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME mrs Elmer melius plymouth neb. 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 min.	
ANTECEDENT CAUSES		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) Cancer of left breast.			

19a. DATE OF OPERATION 6/20/55		19b. MAJOR FINDINGS OF OPERATION Cancer of left breast.		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)	
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 **6-26**, 1955, to **6-26**, 1955, that I last saw the deceased alive on **6-26**, 1955, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Lloyd L. Fernald (Degree or title) 2		23b. ADDRESS Savannah, Missouri		23c. DATE SIGNED 6-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-27-1955		24c. NAME OF CEMETERY OR CREMATORY Van Kaserow	
24d. LOCATION (City, town, or county) (State) plymouth neb		25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral		ADDRESS Home Savannah Mo	
DATE REC'D BY LOCAL REG. 7-15-55		REGISTRAR'S SIGNATURE Lillian Sparks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 *E. C. Breit*.....

Licensed Embalmer No. *265*

P. O. Address *Savannah*.....

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.