

FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35872

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mexico)		c. LENGTH OF STAY (in this place) years	c. CITY OR TOWN Mexico
d. FULL NAME OF HOSPITAL OR INSTITUTION 722 South Cole Street		e. STREET ADDRESS (If rural, give location) 722 South Cole Street	
3. NAME OF DECEASED (Type or Print) Etta		a. (First) May	b. (Middle) Fike
c. (Last) Fike		4. DATE OF DEATH (Month) (Day) (Year) Dec. 4 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 22, 1885
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Charleston, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Enoch Dawson	
13b. MOTHER'S MAIDEN NAME Susan Conrad		14. NAME OF HUSBAND OR WIFE Jesse L. Fike	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mr. Jesse L. Fike		ADDRESS Mexico, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
ANTECEDENT CAUSES DUE TO (b) Coronary Heart Disease		unknown	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 4201			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Third Degree Heart Block		unknown	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Nov. 16, 1954 , to Dec 4, 1955 , that I last saw the deceased alive on Dec 4, 1955 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Ernest S Gantt (Degree or title) MD		23b. ADDRESS Mexico, Mo	
23c. DATE SIGNED 12-5-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-1955	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Mexico, Missouri	
DATE REC'D BY LOCAL REG. Dec 6-1955		REGISTRAR'S SIGNATURE Blanche Neely	
25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home		ADDRESS Mexico, Mo.	

(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.....
R. P. Miller

Licensed Embalmer No. *444*

P. O. Address *Merida*

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.