

FILED FEB 25 1957

STANDARD CERTIFICATE OF DEATH

State File No. 5485

13

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 4313		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo Macon b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmer		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Elmer		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 -----				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) A		c. (Last) Pike		4. DATE OF DEATH (Month) 1 (Day) 30 (Year) 57
5. SEX Male	6. COLOR OR RACE White D	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-28-69	9. AGE (In years last birthday) # 87	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) W##### Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Price Pike			13b. MOTHER'S MAIDEN NAME Mary Merrill		14. NAME OF HUSBAND OR WIFE Leona Pike		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leona Pike Elmer Missouri			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 yrs</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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4500			
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 <u>Jan 1, 1952</u> , to <u>Jan 30, 1957</u> , that I last saw the deceased alive on <u>Jan 30, 1957</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold McLeh</u>				23b. ADDRESS <u>La Plata Mo</u>		23c. DATE SIGNED <u>1-30-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>2-1-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cook Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gallao, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2/5/57</u>		REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Edwards</u>		ADDRESS <u>Bevier, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1850

Date Filed 2.21.57



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 *H. J. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Devier, Missouri*

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.