

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43917**

FILED JAN 8 1958

BIRTH NO. _____ REG. DIST. NO. **89** PRIMARY REG. DIST. NO. **5373** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayssville		c. CITY OR TOWN Stewartsville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 7 Yrs.		e. STREET ADDRESS (If rural, give location) 03-20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Ceba b. (Middle) Ella c. (Last) Pike			4. DATE OF DEATH (Month) (Day) (Year) 12/17/57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/11/1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Stewartsville Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Cashious Pike		13b. MOTHER'S MAIDEN NAME Martha Jones		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 10 Min.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)		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 **9 May, 1950**, to **12/17, 1957**, that I last saw the deceased alive on **12/17, 1957**, and that death occurred at **7:45 P.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Sumnerfield, M.D.		23b. ADDRESS Stewartsville Mo.		23c. DATE SIGNED 12-18-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/19/57		24c. NAME OF CEMETERY OR CREMATORY Stewartsville	
		24d. LOCATION (City, town, or county) (State) Stewartsville Mo.			

DATE REC'D BY LOCAL REG. 1-3-58		REGISTRAR'S SIGNATURE Roswell T. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. E. Sumnerfield, Stewartsville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

82-0

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 *W.E. Summerfield*

Licensed Embalmer No. *3007*

P. O. Address *Stewartsville, Md.*

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.