

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026263  
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 259

S. 300  
v. 1-57  
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|  |  |   |   |   |  |
|--|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MARION</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>HANNIBAL</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>MONROE CITY</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST ELIZABETH HOSPITAL</b>  |  | Length of stay in lb<br><b>8 WEEKS</b>  | d. STREET ADDRESS (If outside, give location)<br><b>345- 2nd Street</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>VIRGINIA</b> Middle <b>CATHERINE</b> Last <b>PIKE</b>   |  |   | 4. DATE OF DEATH<br>Month <b>JULY</b> Day <b>28th</b> Year <b>1958</b>  |   |  |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>JAN 9, 1912</b>  | 9. AGE (In years last birthday)<br><b>46</b>                            | IF UNDER 1 YEAR<br>Month <b>6</b> Days <b>19</b><br>IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>SCHOOL TEACHER</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>MONROE CITY, MO</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>CHARLES B. BAYNUM</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>OBERA GAINES</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>CARL PIKE</b>                         |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><b>Mrs Charles Baynum Monroe City Mo</b>  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of uterus, + Colon &amp; generalized metastasis</b>  |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Metastasis</b>   |  |   |   |   |  |
| DUE TO (c)   |  |   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |   |   |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |  |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |   |  |
| 21. I attended the deceased from <b>January 10, 1958</b> to <b>July 28, 1958</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>July 28, 1958</b><br>Death occurred at <b>1.25 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Robert J. Lanning, M.D.</b>   |  | 22b. ADDRESS<br><b>Hannibal Mo</b>  |   | 22c. DATE SIGNED<br><b>7/30/58</b>                                      |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 23b. DATE<br><b>JULY 30, 1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>HOLY ROSARY CEMETERY</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>MONROE CITY, MO</b> |  |
| 24. FUNERAL DIRECTOR<br><b>Wilson &amp; Sons</b>   |  | ADDRESS<br><b>Monroe City Mo</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>7-31-58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Dr. E. M. Lucke, By W. Fisher</b>       |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED AUG 04 1958

MARIGN CO. HEALTH DEPT.

DATE FILED AUG 04 1958

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 .....  
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014.....

P. O. Address Monmouth City N.J......

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.