

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5497

FILED MAR 13 1950

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>227 Park St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>227 Park St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>FOREST</u> c. (Last) <u>SECOY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 24 1950</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>MAY 20TH 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>HENRY SECOY</u>	13b. MOTHER'S MAIDEN NAME <u>MILINDA BUTLER WOOD</u>	14. NAME OF HUSBAND OR WIFE <u>ELISE MAY SECOY</u>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELISE MAY SECOY</u> ADDRESS <u>Monroe City, Missouri</u>
---	-------------------------------------	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>10 yrs</u>
	DUE TO (c) <u>Kidney Stone</u>		<u>6 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>443X</u>

19a. DATE OF OPERATION <u>None</u>	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) _____	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 JAN 25, 1950, to Feb 24, 1950, that I last saw the deceased alive on Feb 24, 1950, and that death occurred at 8:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>George Hapson M.D.</u> (Degree or title)	23b. ADDRESS <u>Monroe City, Mo</u>	23c. DATE SIGNED <u>Feb 25, 1950</u>
--	-------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/26TH 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camas Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe County Missouri</u>
---	---	--	---

DATE REC'D BY LOCAL REG. <u>2-26-50</u>	REGISTRAR'S SIGNATURE <u>Anne Margaret Burdett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON'S</u> ADDRESS <u>Monroe City Mo</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

690

RECEIVED MAR 7
District Health Officer N
District File Number 250
Date Filed MAR 7

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 MM

working under my personal supervision.

Signed Loree L. Wilson Student Embalmer No.

Signed
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City 7100

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 this body is not embalmed, fact should be so stated above.