

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2525**

FILED JAN 18 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Big River Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, 0940	
c. LENGTH OF STAY (in this place) 14 yrs.		d. STREET ADDRESS 5 1/2 mi. North of Bonne Terre (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 1/2 Mi. north of Bonne Terre			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WILLIAM c. (Last) MECEY			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 29 1873	9. AGE (In years last birthday) 80	# UNDER 1 YEAR Months 5 # UNDER 24 HRS. Days 9 # UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) R. R. cross tie layer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Francois Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Franklin Mecey		13b. MOTHER'S MAIDEN NAME Mary Ann Valley		14. NAME OF HUSBAND OR WIFE Carrie J. Mecey	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Mecey, Arcadia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate ANTECEDENT CAUSES Morbidity 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 Arteriosclerotic heart disease. Anemia, secondary to hematuria			INTERVAL BETWEEN ONSET AND DEATH 2 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 177X 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 Oct 15 1953 to Jan 8, 1954, that I last saw the deceased alive on Jan 6, 1954, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Sonnell M.D.		23b. ADDRESS Desoto Mo.		23c. DATE SIGNED 1-9-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-10-54		24c. NAME OF CEMETERY OR CREMATORY Red School Cemetery		24d. LOCATION (City, town, or county) (State) Arcadia Mo.	
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DATE REC'D BY LOCAL REG. JAN. 9 1954		REGISTRAR'S SIGNATURE Cather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.	
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

300
48

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
Student Embalmer

Signed *Conrad White*

Licensed Embalmer No. 3012

P. O. Address *Imperial, Ill.*

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.