

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10380

State File No. _____

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 54

512
0

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

1. PLACE OF DEATH a. COUNTY <u>Johnson,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Mo.</u>		c. LENGTH OF STAY (in this place) <u>11 Weeks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>320 Jackson St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Halcyon McCoy</u> b. (Middle) <u>Milliken,</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 11, 1871</u>
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>0</u>	11. DAYS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Drexel, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>A. C. McCoy,</u>	
13b. MOTHER'S MAIDEN NAME <u>Christina Adams,</u>		14. NAME OF HUSBAND OR WIFE <u>J.M. Milliken,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harold Milliken,</u>		ADDRESS <u>Warrensburg, Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Unknd hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>		_____ <u>2 months</u>	
19a. DATE OF OPERATION	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 <u>12-20-</u> , 19 <u>51</u> , to <u>3-10-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-10-53</u> , 19 <u> </u> , and that death occurred at <u>6:30A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>M.D. Warrensburg, Missouri</u>	23c. DATE SIGNED <u>3-10-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-12-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Mar 10, 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Warrensburg, Mo.</u>	

