

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28883

State File No.

FILED OCT 5 - 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5036 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Audrain	c. LENGTH OF STAY (In this place) 5 years	c. CITY OR TOWN Centralia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		e. STREET ADDRESS (If rural, give location) Route 3	
3. NAME OF DECEASED (Type or Print) a. (First) Cecil		b. (Middle) W.	c. (Last) Secrist
4. DATE OF DEATH (Month) (Day) (Year) Sept. 26 1955		5. SEX Male 6. COLOR OR RACE Caucasian	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 22, 1904	
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (City and State or Foreign Country) Marion, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John E. Secrist		13b. MOTHER'S MAIDEN NAME Ardelia Berry	
14. NAME OF HUSBAND OR WIFE Evelyn Secrist		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY 484-26-6642		17. INFORMANT'S SIGNATURE OR NAME Mrs. Evelyn Secrist ADDRESS Centralia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Coronary artery disease DUE TO (b) 4201 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? 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) m.		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 12/10 1954 to 9/26 1955 , that I last saw the deceased alive on 9/26 1955 , and that death occurred at 5:15 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Robert L. Ward M.D.		23b. ADDRESS Centralia, Mo	
23c. DATE SIGNED 9/26/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Sept. 29, 55		24c. NAME OF CEMETERY OR CREMATORY Graceland	
24d. LOCATION (City, town, or county) (State) New Hampton, Iowa		DATE REC'D BY LOCAL REG. Sept. 28-55	
REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Bill E. Neale ADDRESS Centralia, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 5 1955

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 *Bill J. Meadows*.....

Licensed Embalmer No. *487*.....

P. O. Address *Centerville, Mo.*.....

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.