

FILED MAR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4652

State File No.

BIRTH NO. 49-007132 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>FRANKLIN TOWNSHIP</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WRIGHT MEMORIAL HOSP</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARMELOITA</u> b. (Middle) <u>K</u> c. (Last) <u>KINCADE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 17 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>"</u>	8. DATE OF BIRTH <u>FEB-13-1949</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min. <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>TRENTON MO D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALBERT KINCADE</u>		13b. MOTHER'S MAIDEN NAME <u>FLOSSIA WILSON</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Kincaide Spickard 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (6 months pregnancy)</u> ANTECEDENT CAUSES Morbid 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. <u>Mother had Labor Pneumonia causing premature labor</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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>Feb 13th</u> , 19 <u>49</u> , to <u>Feb 17th</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Oliver F. Duffy M.D.</u> (Degree or title)			23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Feb. 17th 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB-18-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NORTH EVANS CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 17, 1949</u>	REGISTRAR'S SIGNATURE <u>Gene Fair</u> <u>115</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schools Funeral Home Spickard MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed *Ross Nise*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3771*.....

P. O. Address *Spickard 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.) *not embalmed*

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