

**THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH**

36795

State File No. _____

FILED NOV 18 1949

No. 300
10-48

BIRTH NO. 33423-49 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 41

35
3
1

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>	
c. LENGTH OF STAY (In this place) <u>5 mos</u>		d. STREET ADDRESS (If rural, give location) <u>303 N Kimbrell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>303 N Kimbrell</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>Ray</u> c. (Last) <u>Kincade</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5-1949</u>
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH <u>5 Jun 1949</u>
9. AGE (In years last birthday) <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>Malden MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Lonnie Kincade</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Vaughn</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Kincade</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>Acute Dyscolitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dehydration</u> DUE TO (c) <u>Marasmus</u>		<u>1 mo</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Bronchitis</u>		<u>5710</u>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Malden Dunklin MO</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>✓</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>none</u>	
21e. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>July 30, 1949</u> , to <u>Nov. 3rd, 1949</u> , that I last saw the deceased alive on <u>Nov. 3rd, 1949</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John Van Cleave</u>		23b. ADDRESS <u>Malden MO</u>	
23c. DATE SIGNED <u>Nov 7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 7-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Park</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov 8, 1949</u>		REGISTRAR'S SIGNATURE <u>J. D. Schumann</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace R Knight</u>		ADDRESS <u>Malden MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 14 19
District Health Office No.
District File Number 1149-111
Date Filed -----

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 Wallace R. Knight

Licensed Embalmer No. 4574

P. O. Address Malden, Ma

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.