

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3552

BIRTH NO.		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 3073		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY 1501			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 323 COOT AVE.				d. STREET ADDRESS (If rural, give location) 323 COOT AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) CONNIE b. (Middle) O. c. (Last) KINCADE			4. DATE OF DEATH (Month) (Day) (Year) 1-12-50				
5. SEX MO		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 5-22-1892	
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		11. BIRTHPLACE (State or foreign country) UNION CITY TENN		12. CITIZEN OF WHAT COUNTRY ✓	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS/ OR INDUSTRY CARPENTER		11. BIRTHPLACE (State or foreign country) UNION CITY TENN		12. CITIZEN OF WHAT COUNTRY ✓	
13a. FATHER'S NAME ALONZO KINCADE			13b. MOTHER'S MAIDEN NAME LULA COLLINS		14. NAME OF HUSBAND OR WIFE BEULAH KINCADE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1917		16. SOCIAL SECURITY NO. 198-09-9083		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beulah Kincaid			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Paralysis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown Natural Causes DUE TO (c) Invalid Bedridden 3 years					INTERVAL BETWEEN ONSET AND DEATH 5 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		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 1945 to 1/12/50, that I last saw the deceased alive on 1/12/50, and that death occurred at 6:00 m., from the causes and on the date stated above.							
23a. SIGNATURE W. Duane, M.D. (Degree or title)				23b. ADDRESS Chaffee Mo		23c. DATE SIGNED 1/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 14-1950		24c. NAME OF CEMETERY OR CREMATORY Maple Cen		24d. LOCATION (City, town, or county) (State) Maple Mo	
DATE REC'D BY LOCAL REG. 1/14/50		REGISTRAR'S SIGNATURE Grace B. MacSpeddy 298		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.M. Stubb-Chaffee Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1950

RECEIVED JAN 16 1950

District Health Office No. 2,

San Francisco File Number 150-52

Date Filed: _____

EMBALMER

COMMENCE

M W M

EMERALD ASHDA

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 *C. J. Lovberg*

Licensed Embalmer No. 3810

P. O. Address *Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.

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