

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16457**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 512

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| 1. PLACE OF DEATH a. COUNTY <u>GREENE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> <u>1396</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2159 N. MAIN</u> | | d. STREET ADDRESS (If rural, give location) <u>2159 N. MAIN</u> | |

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|---|----------------------------------|--|---|--|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LENORA</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>KINKADE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2 1950</u> | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>20 JUNE, 1865</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>IN HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>KANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>NO</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDNA KINKADE SPEED. MO.</u> | |

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|---|--|------------|---|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>4-10-50</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seraility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Rt. Femur</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>903</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
|--|---|--|
| 21a. ACCIDENT (Specify) <u>SLIP AND FALL</u> <u>Fracture</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Mo.</u> |
| 21d. TIME OF INJURY <u>4-10-50 7 p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fall in yard</u> |

22. I hereby certify that I attended the deceased from 4-10-50, 1950, to 6-2-50, 1950, that I last saw the deceased alive on 5-1-50, 1950, and that death occurred at 10:20 A.m., from the causes and on the date stated above.

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|--------------------------------------|-------------------------------------|---|-----------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>[Title]</u> | 23b. ADDRESS <u>Springfield, Mo.</u> | 23c. DATE SIGNED <u>6-2-50</u> |
|--------------------------------------|-------------------------------------|---|-----------------------------------|

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|--|--|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>4 JUNE 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEME.</u> | 24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD MO.</u> |
| DATE REC'D BY LOCAL REG. <u>6-2-50</u> | REGISTRAR'S SIGNATURE <u>W. Handley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Klingner & Co. Speed. Mo.</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—1396

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 *J.B. Klingner*

Licensed Embalmer No. *3358*

P. O. Address

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.