

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32566**

FILED OCT 17 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **4031** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Adrian</b>	c. LENGTH OF STAY (in this place) <b>11 Years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Adrian</b> <b>0070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Luther</b> b. (Middle) <b>Blair</b> c. (Last) <b>Kincanon</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 9 1950</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 8, 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>1</b>	IF UNDER 1 HR. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Chatham Hill, Virginia</b>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <b>William Kincanon</b>	13b. MOTHER'S MAIDEN NAME <b>Senah DeBord</b>	14. NAME OF HUSBAND OR WIFE <b>Leona Maude Kincanon</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>489-30-5155</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Leona Maude Kincanon, Adrian Mo.</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary embolus</b>		DUE TO (b) <b>Arteriosclerosis - Coronary</b>		421
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Hypertension</b>		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) (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 **Oct. 9, 1950**, to **Oct. 9, 1950**, that I last saw the deceased alive on ~~the~~ **dead**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Heater Robinson M.D.</b>	(Degree or title)	23b. ADDRESS <b>Adrian Mo.</b>	23c. DATE SIGNED <b>10-11-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 11, 50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Adrian, Mo.</b>
DATE REC'D BY LOCAL REG. <b>10-11-50</b>	REGISTRAR'S SIGNATURE <b>Myra Owens</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Creath &amp; Sif</b>	ADDRESS <b>Adrian Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PRINTED USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-16-50

DISTRICT HEALTH OFFICE No. 3

District of Columbia

DATE 10-16-50

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

*and Fred J. Greath 3343*

Student Embalmer No.

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*[Signature]*

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.