

FILED APR 16 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12054

300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5347</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo R.R.</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo R.R. 1300</u>		d. STREET ADDRESS (If rural give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____							
3. NAME OF DECEASED a. (First) <u>CLIFFORD</u> (Type or Print)			b. (Middle) <u>PLENNA</u>		c. (Last) <u>KINKADE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-22-1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-1-1906</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 YEAR Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mo. Highway Department</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oliver Kinkade</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>Lois</u>		
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lois Kinkade</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>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary insufficiency</u>		<u>1 year</u>	
				DUE TO (c) <u>Arterio Sclerosis</u>		<u>WK</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Frequent attacks Angina</u>				<u>1 yr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) _____		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 <u>on March 22, 1951</u> , to _____, 19____, that I last saw the deceased alive <u>on March 22, 1951</u> , and that death occurred at <u>9:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>St. Plummer</u>				23b. ADDRESS <u>Buffalo MO</u>		23c. DATE SIGNED <u>3-23-51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-25-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Met. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Claver Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/7/51</u>		REGISTRAR'S SIGNATURE <u>Mrs J. B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L B Jones</u>		ADDRESS <u>Buffalo Mo</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED: APR 10 1951

Dist. File 451-783

Date Filed 4-11-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Maura B Jones.....

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.