No. 300
10-48

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

FILED JUL 3 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20640

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO 3035 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lexington Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
d. STREET ADDRESS (If rural, give location): 325 W. Main

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3. NAME OF DECEASED (Type or Print)
a. (First): Janet
b. (Middle): Catherine
c. (Last): Kincaid

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single never married
8. DATE OF BIRTH: June 14, 1951
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never employed
10b. KIND OF BUSINESS OR INDUSTRY: never employed
11. BIRTHPLACE (State or foreign country): Lexington, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Henry Kincaid
13b. MOTHER'S MAIDEN NAME: Virginia Windsor
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: John Henry Kincaid, Richmond, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Marginal separation of
~~DUE TO (c)~~ the placenta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 14, 1951, *to* June 19, 1951, *that I last saw the deceased alive on* June 19, 1951, *and that death occurred at* 4:45 m. P. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. C. Johnson, M.D.
23b. ADDRESS: Richmond, Mo.
23c. DATE SIGNED: 6/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 20, 1951
24c. NAME OF CEMETERY OR CREMATORY: Sunnyslope
24d. LOCATION (City, town, or county) (State): Richmond, Missouri

DATE REC'D BY LOCAL REG.: June 28, 1951
REGISTRAR'S SIGNATURE: Minnie E. Eustabrooks
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Quest-Lile Funeral Home, Richmond, Missouri — Quest-Lile

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-2-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-2-51

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4066

P. O. Address Richmond, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.