

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41240**

FILED JAN 12 1952

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5440 Registrar's No. 39

1370 /

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

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (CLAY TOWNSHIP)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (CLAY TOWNSHIP)</u> <u>0370</u>	
c. LENGTH OF STAY (In this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAMILY HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>FRANCIS ELIZeBETH KINKEADE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 14 1951</u>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 13th-1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days
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>own home</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JOHN C DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>HERMANN KINKEADE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HERMANN KINKEADE RED BIRD, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>locked bowels</u>		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>ventral hernia</u>			
		DUE TO (c) <u>Surgery long ago</u>			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gasconade</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from 12-13, 1951, to 12-14, 1951, that I last saw the decedent alive on 12-14, 1951, and that death occurred at 11:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>L. A. Burge M.D.</u> (Degree or title)		23b. ADDRESS <u>Bland Mo.</u>		23c. DATE SIGNED <u>12-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/17/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BOWEN CEMETERY</u>	
		24d. LOCATION (City, town, or county) (State) <u>GASCONADE COUNTY*MO.</u>			

DATE REC'D BY LOCAL REG. <u>Dec. 20, 1951</u>		REGISTRAR'S SIGNATURE <u>Sorelly Wallace</u> <u>363</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SASSMANN'S FUNERAL SERVICE-BLAND</u>	
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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 Chester L. Lamm

Licensed Embalmer No. 4178

P. O. Address Blount - 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.