

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5582

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5628		Registrar's No. 29	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Laclede				a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Rural Gasconade			c. LENGTH OF STAY (in this place) 9 years	c. CITY (If outside corporate limits, write RURAL and give township) 0530			OR TOWN Rural Gasconade
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles W. of Falcon Mo.				d. STREET ADDRESS (If rural, give location) 4 miles W. of falcon Mo.			
3. NAME OF DECEASED (Type or Print)			a. (First) Charles		b. (Middle) A.		c. (Last) Kincheloe
4. DATE OF DEATH		(Month) Feb		(Day) 26,		(Year) 52	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) NEVER Married		8. DATE OF BIRTH Oct, 30, 1981		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked	10b. KIND OF BUSINESS OR INDUSTRY Invalid		11. BIRTHPLACE (State or foreign country) U Laclede County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Phillip E. Kincheloe		13b. MOTHER'S MAIDEN NAME Sally Jane Haizlep		14. NAME OF HUSBAND OR WIFE Thomas Kincheloe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Thomas Kincheloe		ADDRESS Falcon, Mo.	
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) Hypertensive Heart Disease.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:19 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Richard L. Palmer (Degree or title) Coroner				23b. ADDRESS Lebanon, Mo.		23c. DATE SIGNED Feb-27-52	
24a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION Burial		24b. DATE Feb, 28, 52	24c. NAME OF CEMETERY OR CREMATORY New Home		24d. LOCATION (City, town, or county) Laclede, Mo. (State)		
DATE REC'D BY LOCAL REG. 2-28-1952	REGISTRAR'S SIGNATURE Stella L. Hay 424 Palmer's			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lebanon, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Received MAR 4 1952
Laclede County Health Unit
File No. 2-52-19
Date Filed MAR 4 1952

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.

Signed J R Palmer

Signed _____
Student Embalmer

Licensed Embalmer No. 48710

P. O. Address Sharon, 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.