

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32221

State File No.

FILED SEP 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>130</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>42 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		<u>0592</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>749 Graves Street</u>				d. STREET ADDRESS (If rural, give location) <u>749 Graves Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ocey</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Kincaid</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1952</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 8, 1881</u>		
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work during most of work life, even if retired) <u>Home Maker</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Grundy County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Nathan Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>George L. Kincaid</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or for unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russell Kincaid; Mound City, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lichten Thelata</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>1 yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) (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 <u>Jan</u> , 19 <u>50</u> to <u>Sept 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 5, 1952</u> , and that death occurred at <u>10:50</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>McKewitt</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>9-9-52</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forrest Park</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-9-52</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home, Chillicothe, Missouri</u>				

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

1592

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 Emmette Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe 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.