

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14821

State File No.

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

FILED APR 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>170</u>	PRIMARY REG. DIST. NO. <u>3033</u>	Registrar's No. <u>70</u>
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (In this place) <u>10 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> <u>0532</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>263 Monroe</u>		
3. NAME OF DECEASED (Type or Print) <u>Thomas Allen Kincheloe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 6 1871</u>	9. AGE (In years last birthday) Months Days <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>T. L. Kincheloe</u>		
13b. MOTHER'S MAIDEN NAME <u>Jane Rippey</u>		14. NAME OF HUSBAND OR WIFE <u>Susy Kincheloe</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Virgil Wrinkle Lebanon Mo.</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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</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>17 days</u> <u>not known</u>
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) <u>331x</u>
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>June 1943</u> to <u>April 14, 1953</u> , that I last saw the deceased alive on <u>April 14, 1953</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>James L. Hope, M.D.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>4/16/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-22-1953</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>(Reburied) Lebanon Mo</u>

Received APR 2 5 1953
Laclede County Health Unit
File No. E. 53-75
Date Filed APR 2 7 1953

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 S. R. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 3208

P. O. Address Lebanon 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.