

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5881**

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **440** Registrar's No. **576**

1. PLACE OF DEATH a. COUNTY RIPLEY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN DONIPHAN (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN MAPLEWOOD	
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 7212 ANNA AVE. 4544	

3. NAME OF DECEASED a. (First) HERBERT b. (Middle) ELZA c. (Last) KINCHELOE			4. DATE OF DEATH (Month) (Day) (Year) FEB. 2 - 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 25 - 1879	9. AGE (In years last birthday) 76 0-7	10. IF UNDER 1 YEAR Months Days Hours Min.	10. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANUFACTURER	10b. KIND OF BUSINESS OR INDUSTRY SHOOL EQUIP.	11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ISAAC N. KINCHELOE	13b. MOTHER'S MAIDEN NAME CYBENA GUSEMAN	14. NAME OF HUSBAND OR WIFE DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MRS. LUCILLE SUKALO ADDRESS ST. PAUL, MINN.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct		INTERVAL BETWEEN ONSET AND DEATH 64 days 5 years 8 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) Diabetes		
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"/>
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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) 260 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **1-28**, 19**55**, to **2-7**, 19**55**, that I last saw the deceased alive on **2-1**, 19**55**, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Johnson O.M.S.	23b. ADDRESS Doniphan Mo.	23c. DATE SIGNED 2-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/2/55	24c. NAME OF CEMETERY OR CREMATORY DAK GROVE CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MISSOURI
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DATE REC'D BY LOCAL REG. 2-2-55	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE EDWARDS FUNERAL HOME ADDRESS DONIPHAN MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 1955

MAR 23 1955

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.....
Signature of Student Embalmer

Signed *Gene Harris*
Licensed Embalmer No. 48

P. O. Address *Donipha*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.