

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11176**

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

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4065 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE— <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Solo</u>		c. CITY OR TOWN <u>Cowgill</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>9/8/51</u>
c. LENGTH OF STAY (in this place) <u>10 days</u>		f. STREET ADDRESS (If rural, give location) <u>4 miles S E Cowgill Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christopher Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>L.</u> c. (Last) <u>KINCAID</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1955</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>December 23, 1877</u>
9. AGE (In years last birthday) <u>77</u>	if UNDER 1 YEAR Months <u>4</u> Days <u>2</u>		if UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Lewis Pulse</u>		13b. MOTHER'S MARDEN NAME <u>Octavia M^{rs} Cann</u>	14. NAME OF HUSBAND OR WIFE <u>Kelly Kincaid</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. J. Pulse, Solo, Missouri</u>		ADDRESS <u></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>Circulatory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Decompensated Hypertensive heart disease</u> DUE TO (c) <u>Chronic Glomerulonephritis</u> 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 <u>443X</u>	
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) (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>4/18</u> , 19 <u>55</u> , to <u>4/24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/24</u> , 19 <u>55</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hermit Howell</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Polo, Mo.</u>	23c. DATE SIGNED <u>4/25/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 27, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>antioch cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Millville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>May 9-55</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RICHMOND, MISSOURI</u> ADDRESS <u>QUEST-LIFE FUNERAL HOME</u>	

FEB 7 1957

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 *George H. Hill*.....

Licensed Embalmer No. 406..

P. O. Address *Richmond*

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.