

FILED MAR 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 5855

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5947		Registrar's No. 1122011			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Phelps					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. James Twp		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. James Twp		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				STREET ADDRESS (If rural, give location) 0810					
3. NAME OF DECEASED (Type or Print) a. (First) Ruby			b. (Middle) Lucille		c. (Last) Kinkeade		4. DATE OF DEATH (Month) (Day) (Year) Feb 25 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Aug 17, 1912		9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months 8 Days 8 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Kinkeade			13b. MOTHER'S MAIDEN NAME Stella Breuer			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Kinkeade, St. James, Mo.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL ANOXIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONGENITAL HEART DISEASE DUE TO (c) (PULMONARY STENOSIS, SEPTAL DEFECT) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC PYELONEPHRITIS				INTERVAL BETWEEN ONSET AND DEATH INDEF. 43 YRS. 2 YRS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 6000						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 7-12, 1954, to 2-24, 1956, that I last saw the deceased alive on 2-24, 1956, and that death occurred at 7:00 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M.D.				23b. ADDRESS St. James, Mo.			23c. DATE SIGNED 2-29-56.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 1, 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Phelps Co., Mo.			
DATE REC'D BY LOCAL REG. 3-3-1956		REGISTRAR'S SIGNATURE Ruth B. Powell 479			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Baker to James, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 340

Date Filed MAR - 5 1956

MAR 16 1956

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 *C. June Gahr*

Licensed Embalmer No. 4486
200 South Ler. H.
P. O. Address St. ...

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.