

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26236**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 398	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 45 min		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blodgett		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION S.E.M.O. Hosp				d. STREET ADDRESS (If rural, give location) Rural Route # 21			
3. NAME OF DECEASED (Type or Print) a. (First) Guy			b. (Middle) S		c. (Last) Kincaid		4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 13 1893		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Center Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Josephine		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown Unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Josephine Kincaid		ADDRESS Blodgett Road # 2	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 6 hours	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease						
	DUE TO (c) et						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				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 April 4, 1956 , to Aug. 29, 1956 , that I last saw the deceased live on Aug. 29, 1956 , and that death occurred at 7 P m., from the causes and on the date stated above.							
23a. SIGNATURE Nerald M. Hoxworth, M.D.				23b. ADDRESS 24 N. Spru99 Cape Girardeau, Mo.		23c. DATE SIGNED Aug. 30, 1956	
24a. BURIAL, CREMATION (REMOVAL) (Specify) Removal		24b. DATE 8/29/56	24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Donasboro Arkansas		
DATE REC'D BY LOCAL REG. 8-30-56		REGISTRAR'S SIGNATURE W.C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Ford + Sons		ADDRESS Cape Girardeau	

(Licensed Embalmer's Statement on Reverse Side)

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

