

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005960
STATE FILE NUMBER

AMENDED Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 8

FILED VS FEB 23 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY		Length of stay in 1b 79 YRS	c. CITY OR TOWN MONROE CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 211 CATHERINE ST		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 211 CATHERINE ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ANNIE JANE KINCAID			4. DATE OF DEATH Month Day Year FEBRUARY 12th 1961
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-18-1871
9. AGE (last birthday) 89		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER (OWN HOME)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) RALLS COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JACOB ROUSE	
13b. MOTHER'S MAIDEN NAME MARY L BARLOW		14. NAME OF HUSBAND OR WIFE JOSEPH C KINCAID	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT J.P. Middleton Monroe City Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) Chronic myocarditis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 12 month 10 year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1-4-61 to 2-11-61 and last saw her ^{her} _{him} alive on 2-11-61 Death occurred at 6:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F.M. Sumner, D.O. (Degree or title)		22b. ADDRESS Monroe City, Mo.	22c. DATE SIGNED 2-14-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-14th-1961	23c. NAME OF CEMETERY OR CREMATORY STJUDES CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI.
24. FUNERAL DIRECTOR Wilson	ADDRESS MONROE CITY, MO.	25. DATE RECD. BY LOCAL REG. Feb 15-1961	26. REGISTRAR'S SIGNATURE Elsie Miller

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 me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lester L. Wilson _____

Licensed Embalmer No. 3014 _____

P. O. Address Lebanon, Ky _____

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.