

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4757

State File No.

FILED MAR 11 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 64

420
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Windsor</u>	c. LENGTH OF STAY (If this place) <u>4 hours</u>	c. CITY OR TOWN <u>Windsor</u> <u>17420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>204 W. Colt</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ORA</u>	b. (Middle) <u>ALICE</u>	c. (Last) <u>KINCADE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 21, 1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Windsor, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David McMillen</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>William Kincaid</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lee Kincaid</u>	ADDRESS <u>Windsor, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thromboplegia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
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>334X</u>	120. 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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Mar 3, 1952, to Mar 3, 1952, that I last saw the deceased alive on Mar 3, 1952, and that death occurred at 3:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mary Lee Kincaid M.D.</u>	23b. ADDRESS <u>Windsor</u>	23c. DATE SIGNED <u>3-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Calhoun, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar-4-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	472-2	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Turner</u>	ADDRESS <u>Windsor, Mo.</u>
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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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Shindler, Mo.

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 this body is not embalmed, fact should be so stated above.