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FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32974

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 11

| | | | |
|---|--|---|--------------------------------|
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. LENGTH OF STAY (In this place) <u>40 yrs</u> | c. CITY OR TOWN <u>Clinton</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>908 N. Second Street</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>908 N. Second Street</u> | |

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|--|------------|------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>Clara</u> | a. (First) | b. (Middle) <u>Ray</u> | c. (Last) <u>KINCAID</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 3, 1955</u> |
|--|------------|------------------------|--------------------------|---|

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|--------------------|-------------------------------|---|------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 7 1880</u> | 9. AGE (In years last birthday) <u>75</u> | if UNDER 1 YEAR Months <u>5</u> Days <u>7</u> | if UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Grocer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co. Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>Thomas A. Kincaid</u> | 13b. MOTHER'S MAIDEN NAME <u>Florence Gartin</u> | 14. NAME OF HUSBAND OR WIFE <u>Leola 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>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Johnson</u> | ADDRESS <u>Clinton, 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 <u>1 hour</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. 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) | 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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24. I hereby certify that I attended the deceased from 1952 to Nov-3, 1955, that I last saw the deceased alive on Dec-3, 1955, and that death occurred at 9:15pm from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>[Address]</u> | 23c. DATE SIGNED <u>Nov-7-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>November 6, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | 24d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11-7-55</u> | REGISTRAR'S SIGNATURE <u>Mildred Bequith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Conacher</u> | ADDRESS <u>Clinton, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 18 1958

NOV 4 1958

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 *Eugene R. Casaralini*.....

Licensed Embalmer No. *468*

P. O. Address *Clinton, Va.*

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.