

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41241

State File No.

FILED JAN 12 1952

370
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4190</u>		Registrar's No. <u>42</u>		
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>BLAND</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BLAND</u>		<u>0370</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>			b. (Middle) <u>CLARENCE</u>			c. (Last) <u>Kinkeade</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 22-1951</u>								
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 22, 1887</u>		
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CITY MARSHALL</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Roland Kinkeade</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>(divorced)</u>		
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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roland Kinkeade</u> ADDRESS <u>-Bland, M, O</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Killed by Rock Island Freight #96, at road crossing in city of Bland, Gaconade County, Missouri (Fractured Skull)</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>(Walking across track and did not heed whistle)</u> II. OTHER SIGNIFICANT CONDITIONS <u>(Walking across track and did not heed whistle)</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>E 802 X</u> <u>35</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Railway track</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bland Gasconade MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 22 1951 2:40 PM</u>		21e. INJURY OCCURRED—WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by train 037</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
22a. SIGNATURE <u>Hugot Blum</u> (Degree or title) <u>Coroner</u>				22b. ADDRESS <u>Hermann, Missouri</u>		22c. DATE SIGNED <u>11-22-51</u>		
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>12/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bland, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 27, 1951</u>		REGISTRAR'S SIGNATURE <u>Martha Wallace</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Sessmann</u> ADDRESS <u>Sassmann's Funeral Service-Bland</u>				

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chet Lamm

Signed.....
Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Blad-hor

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.