

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4367

State File No.

0240
 3

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

BIRTH NO. _____		REG. DIST. NO. <u>71</u>	PRIMARY REG. DIST. NO. <u>8887</u>	Registrar's No. <u>37</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Auto Accident, Hi-way #69</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles W. Excelsior Spgs.</u>		d. STREET ADDRESS (If rural, give location) <u>923 Avalon</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>VENNA</u>		b. (Middle) <u>DOCKERY</u>	c. (Last) <u>KINCAID</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1952</u>
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>Aug. 17, 1934</u>	9. AGE (In years) (last birthday) <u>17</u> if UNDER 1 YEAR: (Months) (Days) <u>4 19</u> if UNDER 12 HRS. (Hours) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Taxi Cab Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Forrest Dockery</u>		
13b. MOTHER'S MAIDEN NAME <u>Ruby Dockery</u>		14. NAME OF HUSBAND OR WIFE <u>Herbert Kincaid</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Forrest Dockery, Trenton, Missouri</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest, Broken Rt. Arm</u> ANTECEDENT CAUSES <u>Multiple Contusions & Abrasions</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Auto Trauma</u>		INTERVAL BETWEEN ONSET AND DEATH
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>E8161-26</u>		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 bldg., etc.) <u>Excelsior Spgs</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Excelsior Spgs, Clay, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-6-52 4A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on collision car & truck</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.				
23a. SIGNATURE <u>D. S. ...</u>		(Degree or title)		23b. ADDRESS <u>North Kansas City, Mo.</u>
23c. DATE SIGNED <u>1-6-52</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>
24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>3/6/52</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Richard</u>
		ADDRESS <u>Excelsior Spgs, Mo.</u>		

7500 O'CONNOR MAR 2 1956

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 Lincoln K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.