

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19854

State File No.

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5292 Registrar's No. 48

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

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) SMITHVILLE RURAL		c. CITY (If inside corporate limits, write RURAL and give township) SMITHVILLE RURAL	
c. LENGTH OF STAY (In this place) PLATTE Twnsh. 40 YRS.		c. CITY (If inside corporate limits, write RURAL and give township) SMITHVILLE RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If rural, give location) 2 1/2 Miles N.E. of SMITHVILLE, MO.	

3. NAME OF DECEASED (Type or Print)	a. (First) CLARENCE	b. (Middle) ARTHUR	c. (Last) LINCOLN	4. DATE OF DEATH (Month) (Day) (Year) JUNE 27, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH FEB. 1, 1886	9. AGE (In years last birthday) 66 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 YRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COMMON LABORER	10b. KIND OF BUSINESS OR INDUSTRY NIGHT WATCH	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES EDWIN LINCOLN	13b. MOTHER'S MAIDEN NAME LAURA BELL HENNING	14. NAME OF HUSBAND OR WIFE ANNA KENABLE, DECEASED
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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) NO	16. SOCIAL SECURITY NO. 496-09-2418	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRED LINCOLN, 511 W. 31st. K.C. MO.
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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, asphyxia, 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>Gunshot wound left temple</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?? car accident, self inflicted</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X			

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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Smithville Clay MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-27-1952	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 (Degree or title) D. J. Patterson, M.D.	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 6-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-30-1952	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY	24d. LOCATION (City, town, or county) (State) SMITHVILLE, MO.
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DATE REC'D BY LOCAL REG. 6-30-1952	REGISTRAR'S SIGNATURE Beulah Kitchener	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCCOMAS FUNERAL HOME, SMITHVILLE, MO.
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JUL 8 1952

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 Donald W. Hanks

Licensed Embalmer No. 245-28

P. O. Address Smithville, Missouri

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.