

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7905

State File No.

FILED APR 12 1954

REG. DIST. NO. 44

PRIMARY REG. DIST. NO. 5148

Registrar's No. 15

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| 1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cowgill, Rural</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lincoln Twn.</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>0130</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--|---|--------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Frederick</u> | b. (Middle) <u>Jackson</u> | c. (Last) <u>Kincaid</u> | (Month) <u>April</u> | (Day) <u>6</u> | (Year) <u>1954</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Sept. 1-1861</u> | 9. AGE (In years last birthday) <u>92</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Polo, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>William J Kincaid</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Thomson</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Frank Shrum-Cowgill, 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, asthenia, 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>abscess of Liver</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 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) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 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? | |

22. I hereby certify that I attended the deceased from April 1st, 1954 to April 6, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Ock Kilbourn M.D.</u> | | 23b. ADDRESS <u>Cowgill Mo.</u> | | 23c. DATE SIGNED <u>4-6-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 8-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery.</u> | |
| | | 24d. LOCATION (City, town, or county) (State) <u>Cowgill, Mo.</u> | | | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>4-10-1954</u> | | REGISTRAR'S SIGNATURE <u>Mrs Ruth Ann Zuggart</u> <u>499-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cramer Clark. Kingston, Mo.</u> | |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....

Cramer Clark

Signed.....

Student Embalmer

Licensed Embalmer No...3257.....

P. O. Address Kingston, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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