

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14840

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5075 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Golden City		c. CITY OR TOWN Lamar	
c. LENGTH OF STAY (in this place) 0		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Midway 160, east Golden City mile		e. STREET ADDRESS (If rural, give location) Route 3 0060	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) LEWIS c. (Last) KINCAID		4. DATE OF DEATH (Month) (Day) (Year) May 26, 1954	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 25, 1932
9. AGE (In years last birthday) 21		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (City and State or Foreign Country) Oklahoma City, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Arthur M. Kincaid	13b. MOTHER'S MAIDEN NAME Ruth Basore	14. NAME OF HUSBAND OR WIFE None
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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. 430-58-2267	17. INFORMANT'S SIGNATURE OR NAME Mrs. Arthur M. Kincaid, Rt. 3, Lamar, Mo.	ADDRESS
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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 Several
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</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.			

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 mile east	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Golden City Barton Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 26, 1954 5 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car wreck
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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 Charles W. Chile coroner	(Degree or title) 3	23b. ADDRESS Lamar Mo	23c. DATE SIGNED May 27, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 31, 1954	24c. NAME OF CEMETERY OR CREMATORY Lake	24d. LOCATION (City, town, or county) (State) Lamar, Mo.
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DATE REC'D BY LOCAL REG. May 28, 1954	REGISTRAR'S SIGNATURE Hazel P. Pugh 15	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Clarence H. Childs*.....

Licensed Embalmer No. *34*.....

P. O. Address *Lansing, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.