

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41040**  
**5870**

FILED JAN 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>2208 EAST 38<sup>TH</sup> STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>MRS. LOLA Estella KINCADE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 23 1954</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>3-28-1895</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Pratt Whitney Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Martine Harvey</b>		13b. MOTHER'S MAIDEN NAME <b>Blorence Howard</b>		14. NAME OF HUSBAND OR WIFE <b>James Kincaid</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-28-6792</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss. Hugh Jennings</b>		ADDRESS <b>3117 Boiet</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>carcinoma breast</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr +</b>
	ANTECEDENT CAUSES <b>metastases</b>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>170x</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 27, 1954 to Dec 23, 1954, that I last saw the deceased alive on Dec. 22, 1954, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>James R. McVey M.D.</b> (Degree or title)	23b. ADDRESS <b>814 U.F.W. Bldg.</b>	23c. DATE SIGNED <b>12-23-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC. 23 1954</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>CLINTON MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>12-24-54</b>	REGISTRAR'S SIGNATURE <b>Wm. Minchell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Newsome Jones</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD James R. Mc Vey

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 *Albert L. Savage*  
Licensed Embalmer No. *481*  
P. O. Address *Genio*

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.