

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4894**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **850**

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City, Mo.</u>	c. LENGTH OF STAY (in this place) (township) <u>1 yr. 4 mos. 17 D</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>15 1307 E. 8th</u> 315 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Karen</u> b. (Middle) <u>Kincaid</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>12-4-42</u>
9. AGE (In years last birthday) <u>13</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Smithville, Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Kenneth Kincaid</u>	13b. MOTHER'S MAIDEN NAME <u>LaVeta Wade Kincaid</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth Kincaid, 1307 E. 8th, K.C. MO.</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, ashenia, 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>Sepsis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Extensive Third Degree Burns</u>		10.7.54
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Paincolitis and Pyrophosin</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				8.9.16

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Newton Co. Mo.</u> (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-7-54</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Explosion of Kerosene</u> <u>Pathologist used in starting fire stove</u>
22. I hereby certify that I attended the deceased from <u>10-7-1954</u> , to <u>2-24-1956</u> , that I last saw the deceased alive on <u>2-24-1956</u> and that death occurred at <u>12:40</u> m. from the causes and on the date stated above.		

23a. SIGNATURE <u>David M. Gibson</u> (Degree or title) <u>M.D. (Pathologist)</u>	23b. ADDRESS <u>Children's Memorial Hospital K.C. Mo.</u>	23c. DATE SIGNED <u>2/25/56</u>
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>2-26-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rollins-Mitchell Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>2-25-56</u>	REGISTRAR'S SIGNATURE <u>Hera Mitchell</u>	

WRITE PLAINLY—USING UNFAADING 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 *Roland M. Giffey*.....

Licensed Embalmer No. *472*

P. O. Address *Platte City*.....

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.