

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22966

State File No. _____

FILED AUG 8 - 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4061</u>		Registrar's No. <u>30</u>					
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>Ray</u>			
b. CITY OR TOWN <u>Braymer</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>		c. CITY OR TOWN <u>Richmond</u>		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 <u>Smith Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>1 1/2 miles NE Richmond</u>				0.890			
3. NAME OF DECEASED (Type or Print) <u>MARTHA E. Kincaid</u>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <u>July 29, 1956</u>			(Month) (Day) (Year)			5. SEX <u>Female</u>			6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>			8. DATE OF BIRTH <u>July 1, 1870</u>			9. AGE (Last birthday) <u>86</u>			UNDER 1 YEAR: Months <u>0</u> Days <u>28</u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Knopville, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Barton Yockum</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Shumate</u>			14. NAME OF HUSBAND OR WIFE <u>John C. Kincaid</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Kincaid, Richmond, Missouri</u>			ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>				<u>more years</u>			
				DUE TO (c) <u>General Arteriosclerosis</u>				<u>years</u>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>_____</u>							
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? <u>332X</u>			YES <input 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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
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? _____							
22. I hereby certify that I attended the deceased from <u>July 13, 1956</u> , to <u>July 29, 1956</u> , that I last saw the deceased alive on <u>July 28, 1956</u> , and that death occurred at <u>11:35 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>C. E. Goldberg</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>7/31/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 31, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kincaid Cemetery</u>		24d. LOCATION (City, town, or county) <u>Knopville, Missouri</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>E-6-1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ruth Lane Jungert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>QUEST-LIFE FUNERAL HOME</u>		ADDRESS <u>RICHMOND, MISSOURI</u>		<u>see back side</u>			

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 *Joseph H. [Signature]*.....

Licensed Embalmer No. *4066*...

P. O. Address *Richmond*,

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.