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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23917
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 828 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Clay b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Missouri City — Inside Limits Yes ☐ No ☒ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri River — Length of stay in Ib unknown	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City 828 — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS 1316 McGee (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: John	Middle: Wesley	Last: Kincaid	4. DATE OF DEATH: Month July, Day 8, Year 1957
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH: Feb. 4, 1888	9. AGE (In years last birthday): 69 — 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): hotel employee	10b. KIND OF BUSINESS OR INDUSTRY: hotel	11. BIRTHPLACE (City and state or country): Roscoe, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William H. Kincaid		14. MOTHER'S MAIDEN NAME: Evelyn Kelly		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: none	17. INFORMANT: Essie Holloway — Address: Roscoe, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Drowning.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 975X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Drowning	
20c. TIME OF INJURY Hour a. m. p. m. — Month, Day, Year: 7-8-57		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Mo. River	20f. CITY, TOWN, OR LOCATION: Missouri City — COUNTY: Clay — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. L. Pate M.D. (Degree or title) Coroner	22b. ADDRESS: North Kansas City, Mo.	22c. DATE SIGNED: 7/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: 7-9-57	23c. NAME OF CEMETERY OR CREMATORY: Pleasant Springs Cem.	23d. LOCATION (City, town, or county): Eldorado Springs	(State): Mo.
24. FUNERAL DIRECTOR: Tyler-Pasley	ADDRESS: Liberty, Missouri	25. DATE RECD. BY LOCAL REG.: 7/9/57	26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 16 1957
CLAY CO.
HEALTH CENTER

JUL 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.. This body was not embalm

Student.....
Signature of Student Embalmer

Signed John Parley

Licensed Embalmer No. 43

P. O. Address Liberty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.