

Dr. Lanning

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-002707

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 249 Primary Registration District No. 3043 Registrar's No. 6

FILED JAN 15 1962

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

1. PLACE OF DEATH a. COUNTY Marion b. CITY Hannibal c. FULL NAME OF INSTITUTION Shady Lawn
2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Marion c. CITY Hannibal d. STREET ADDRESS 3519 Market
3. NAME OF DECEASED Frances G. Kincaid
4. DATE OF DEATH Jan. 5, 1962
5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH Sept. 28, 1877 9. AGE 84
10. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE Marion Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Allison 13b. MOTHER'S MAIDEN NAME Geraldine 14. NAME OF HUSBAND OR WIFE William E. Kincaid
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mabel Hendrix, Hannibal, Mo.
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis b. Arteriosclerotic vascular disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female there a pregnancy in last 90 days.
19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED.
20c. TIME OF INJURY
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12-25-61 to 1-2-62 and last saw him alive on 1-2-62
Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Degree or title 22b. ADDRESS 115 N. 5th St. Hannibal, Missouri 22c. DATE SIGNED 1-8-62
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE Jan. 8, 1962 23c. NAME OF CEMETERY OR CREMATORY Barkley, 23d. LOCATION (City, town, or county) (State) New London, Mo.
24. FUNERAL DIRECTOR H. M. O'Donnell, Hannibal, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. Jan. 26, 1962 26. REGISTRAR'S SIGNATURE Dr. E. M. Luche by Lillian M. Norman

FEB 20 1962

**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 *A. M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.