

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039369

FILED VS OCT 3 1 1960

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 129

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grape Grove Twp.</u>		Length of stay in lb <u>20 yrs</u>		c. CITY OR TOWN <u>Cowgill</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR <u>MADE ME, TAITSVILLE</u> INSTITUTION <u>R.F.D. 1, Cowgill, Mo.</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>MADE ME, TAITSVILLE</u> <u>R.F.D. #1</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Rosa Belle Kincaid</u>				4. DATE OF DEATH Month Day Year <u>October 19, 1960</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-31-1896</u>			
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR					
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>Housewife</u>			11. BIRTHPLACE (City and state or country) <u>Taitsville, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY <u>United States</u>			13a. FATHER'S NAME <u>Oliver McElwee</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Meyers</u>		14. NAME OF HUSBAND OR WIFE <u>Elbert Jewell Kincaid</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Elbert J. Kincaid, Cowgill, Missouri</u>			Address <u>RD # 1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>many years</u> <u>many years</u>		
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 was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year <u>10:15 a.m. March 1949</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>March 1949</u> to <u>Oct 19, 1960</u> and last saw her <u>alive</u> on <u>Oct 19, 1960</u> Death occurred at <u>10:15 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>D. E. Goldberger M.D.</u>				22b. ADDRESS <u>Braymer, Mo.</u>			22c. DATE SIGNED <u>10/21/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-22-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>West Life Funeral Home</u> <u>Richmond, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>10-28-1960</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 406 A

P. O. Address Peekskill

**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.