

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025551

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. *149*

Primary Registration District No. *1002* Registrar's No. *3362*

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

RECORD ARE TO BE KEPT

FILED JUL 26 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 53 YEARS	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 919 EAST ARMOUR BLVD.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 919 EAST ARMOUR BLVD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last KINCAID WARD			4. DATE OF DEATH Month Day Year JULY 1st 1961
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/19/07
9. AGE (last birthday) 53		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPORTER		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO	
10b. KIND OF BUSINESS OR INDUSTRY TELEGRAM		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ROBERT/WARD, SR.		13b. MOTHER'S MAIDEN NAME FRANCES KINCAID	14. NAME OF HUSBAND OR WIFE MRS. DOROTHY WARD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address MRS. DOROTHY WARD, 919 E. ARMOUR K.C. MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis of the liver			undetermined
DUE TO (c)			
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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m.			
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 6-19-61 to 7-1-61 and last saw her alive on 6-29-61		Death occurred at 6:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Dee or title) <i>E. Robert Nigro</i>		22b. ADDRESS 1222 McGee, Kansas City, Mo.	22c. DATE SIGNED 7-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 5, '61	23c. NAME OF CEMETERY OR CREMATORIA FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER, SONS	ADDRESS 1331 BRUSH CR.	25. DATE RECD. BY LOCAL REG. 7-5-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

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 Erling M. Svingy

Licensed Embalmer No. 3566

P. O. Address H. C. 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.