

No. 300
10.48

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41274**
5991

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give town) **Kansas City**
c. LENGTH OF STAY (In this place) **32 yrs.**

c. CITY OR TOWN **Kansas City**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital #2**

STREET ADDRESS (If rural, give location) **1707 East 17th Street 3268**

3. NAME OF DECEASED
a. (First) **William** b. (Middle) **McKinley** c. (Last) **Umbles**

4. DATE OF DEATH (Month) (Day) (Year)
12 25 1954

5. SEX **2**
Male

6. COLOR OR RACE
Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced 3

8. DATE OF BIRTH
11-22-1896

9. AGE (In years last birthday) **58 Yrs.**
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)
Construction worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Pilot Grove, Missouri

12. CITIZENSHIP OF WHAT COUNTRY?
U. S.

13a. FATHER'S NAME
Tom Umbles

13b. MOTHER'S MAIDEN NAME
Sally Brown

14. NAME OF HUSBAND OR WIFE
Victoria Umbles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
493-12-6376

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Dorothy Elliott 1701 E. 17th Terr.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Terminal broncho pneumonia**
ANTECEDENT CAUSES
DUE TO (b) **Possible carcinoma of lung.**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
163X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-11-54**, 19___, to **12-25-54**, 19___, that I last saw the deceased alive on **12-25-54**, 19___, and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **E. Frank Ellis MD**

23b. ADDRESS
600 East 22nd Street

23c. DATE SIGNED
12-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
12-30-54

24c. NAME OF CEMETERY OR CREMATORY
Lincoln

24d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

DATE REC'D BY LOCAL REG.
12-29-54

REGISTRAR'S SIGNATURE
neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Hatkins Brothers Funeral Home - 18th & Benton

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

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 *Bruce R. Flattkin*.....

Licensed Embalmer No. *450*

P. O. Address *18th & A*

Note: The above ~~MUST~~ **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.