

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37059**
4988

FILED DEC. 6 1955

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 township) KANSAS CITY		c. LENGTH OF STAY (in this place) 40 YEARS		c. CITY KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5315 OLIVE STREET				11. STREET ADDRESS (If rural, give location) 5315 OLIVE STREET			
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST		b. (Middle) RAYMOND		c. (Last) UMSTEAD		4. DATE OF DEATH (Month) (Day) (Year) NOV. 15, 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 8, 1892	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY S.W. BELL TELEPHONE		11. BIRTHPLACE (City and State or Foreign Country) / FORT SCOTT, KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN UMSTEAD		13b. MOTHER'S MAIDEN NAME MAE BRANNON		14. NAME OF HUSBAND OR WIFE CATHERINE UMSTEAD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. (If yes, give war or date of service) WORLD WAR I		17. INFORMANT'S SIGNATURE OR NAME JOHN UMSTEAD		ADDRESS 5315 OLIVE ST. K.C. MO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound Head				INTERVAL BETWEEN ONSET AND DEATH 970X	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-15 55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self Inflicted			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens				23b. ADDRESS 1034 12th St		23c. DATE SIGNED 11-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov 18, 1955		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 11-17-55		REGISTRAR'S SIGNATURE New Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons ADDRESS 1301 SOUTH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

FEB 15 1957

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 *Adrian Jay Stitt*.....

Licensed Embalmer No. *488*

P. O. Address *A. C. ...*

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.