

Health,
Welfare
Public
Service

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28380
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3736

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 OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4521 GILLHAM ROAD		d. STREET ADDRESS (If outside, give location) 4521 GILLHAM ROAD	
3. NAME OF DECEASED (Type or print) First Middle Last GUY G. UMPHREY		4. DATE OF DEATH Month Day Year AUGUST 8 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 8, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER		11. BIRTHPLACE (City and state or country) MICHIGAN U.S.A.	
13a. FATHER'S NAME JAMES WESLEY UMPHREY		14. NAME OF HUSBAND OR WIFE FERN UMPHREY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		17. INFORMANT Address R.A. UMPHREY, 2706 W. 76th St. 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) Cancer of stomach DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 151X	
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 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 April 1957 to Aug 8 1957 and last saw him alive on July 29 1957. Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank B. Leitz M.D.		22b. ADDRESS 1530 Prof. Pl. Kansas City, Mo.	
22c. DATE SIGNED 8-8-57		22d. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE AUG. 10, 1957	
23c. LOCATION (City, town, or county) KANSAS CITY		23d. (State) MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 8-9-57	
26. REGISTRAR'S SIGNATURE Neva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Frank B. Leitz

All diseases in Part I must be causally related.



AUG 30 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 Chester K Braun

Licensed Embalmer No. 493
P. O. Address K E M O

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.