

Dept. Health,
uc., & Welfare
J. S. Public
Health Service

FILED JAN 17 1958

STANDARD CERTIFICATE OF DEATH

47272
STATE FILE NUMBER 6207

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

V. S. 300 D
Rev. 1-57

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			Length of stay in 1b 3 WEEKS	d. STREET ADDRESS (If outside, give location) 1214 SOUTH HOME			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS F. GYPIN'S				4. DATE OF DEATH Month Day Year DEC. 27. 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 DEC. 2. 1907		9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY DICK'S TRANSFER		11. BIRTHPLACE (City and state or country) ELMER, LOUISIANA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JAMES F. GYPIN'S			13b. MOTHER'S MAIDEN NAME NANCY M. DAVIS		14. NAME OF HUSBAND OR WIFE MRS. ARGIE GYPIN'S		
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. 496-01-7984		17. INFORMANT MRS. ARGIE GYPIN'S		Address 1214 SOUTH HOME INDEPENDENCE, 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) Carcinoma stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastasis DUE TO (c) Transition 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 151+
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 5-1-57 to 12/27/57 and last saw her alive on 12/27/57 Death occurred at 3:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. G. Montague, M.D.			22b. ADDRESS Professor Bldg		22c. DATE SIGNED 12/27/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 30, 1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS			ADDRESS 1331 BROWN CREEK KANSAS CITY MO.	25. DATE RECD. BY LOCAL REG. 12-30-57		26. REGISTRAR'S SIGNATURE Newer Minshall	

MEDICAL CERTIFICATION
J. G. MONTAGUE, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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..... *Dermond L. Brown*

Licensed Embalmer No. *4250*

P. O. Address..... *McM*

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.