

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36197

STATE FILE NUMBER

FILED OCT 24 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4592

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>4743 JARBOE STREET</b>	

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Roy</b> Last <b>Upp</b>			4. DATE OF DEATH Month <b>OCT.</b> Day <b>1</b> Year <b>1957</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 21 - 1893</b>	9. AGE (In years last birthday) <b>64</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED ELECTRICAL ENGINEER - WHITAKER CABLE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>PARIS, TENNESSEE</b>	11. BIRTHPLACE (City and state or country) <b>U. S. A.</b>	12. CITIZEN OF WHAT COUNTRY? - <b>U. S. A.</b>
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13a. FATHER'S NAME <b>WILLIAM R. UPP</b>	13b. MOTHER'S MAIDEN NAME <b>MARY ETTA BUCKLEY</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. NELLIE UPP</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-01-5751</b>	17. INFORMANT Address <b>Mrs. NELLIE UPP 4743 JARBOE KANSAS CITY, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of the colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
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)		19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input 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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Death occurred at <b>11:54 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Type or title) <b>W. A. Slentz, M.D.</b>	22b. ADDRESS <b>4620 Nichols Parkway</b>	22c. DATE SIGNED <b>Oct 2, 1957</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>OCT. 4 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. MORIAH CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS</b>	ADDRESS <b>1331 DRUSH CREEK KANSAS CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>10. 3. 57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W. A. SLENTZ

K 12

### 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. Breen* .....

Licensed Embalmer No. *4936* .....

P. O. Address *K 12* .....

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.