.S. No. 300
Rev. 10.48

3

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31536

FILED SEP 27 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4062

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D O A Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3220 Chestnut

3568

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Lee
c. (Last): CHIPLEY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1952

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Dec. 19, 1923
9. AGE (In years last birthday): 28 — 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): Patrolman
10b. KIND OF BUSINESS OR INDUSTRY: K C Police Dept.
11. BIRTHPLACE (City and State or Foreign Country): New Franklin, Mo. O
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Charley Chipley
13b. MOTHER'S MAIDEN NAME: Jessie Ginty
14. NAME OF HUSBAND OR WIFE: Delka Alma Chipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): U S Navy
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Delka Alma Chipley 3220 Chestnut KC

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) Gunshot Vound Rt Thigh — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Penetrating Common Iliac
DUE TO (c) Artery - 1800 C.C. blood

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* in abd.

E919

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 024
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Drive on Theatre
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clay. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-12 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Accidently Shot Self

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens (Degree or title): Hugh H. Owens Coroner
23b. ADDRESS: 7034 Rialto Bldg.
23c. DATE SIGNED: 9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: Sept. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: New Franklin Cemetery
24d. LOCATION (City, town, or county) (State): New Franklin, Mo.

DATE REC'D BY LOCAL REG.: 9-15-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Mellody-McGilley-Eylar Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1952

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. 448

working under my personal supervision.

Student Arthur E. Hook
Student Embalmer

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, Mo.

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 this body is not embalmed, fact should be so stated above.