

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27257
3759

State File No. _____

FILED AUG 27 1954

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) OR TOWN KANSAS CITY

c. CITY OR TOWN KANSAS CITY

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4143 1/2 East 6th St

e. STREET ADDRESS (If rural, give location) 19 4143 1/2 East 6th St

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) T c. (Last) FLIPPIN

4. DATE OF DEATH (Month) (Day) (Year)
JULY 31 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH March 31, 1913

9. AGE (In years last birthday) 41
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 14 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY
Garage-Auto Repair

11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM T. FLIPPIN

13b. MOTHER'S MAIDEN NAME Lottie E. McNally

14. NAME OF HUSBAND OR WIFE Mrs. Nellie Flippin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES W. W. #2

16. SOCIAL SECURITY NO. 486-09-7035

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Nellie Flippin-4143 E. 6th St.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound head
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.

INTERVAL BETWEEN ONSET AND DEATH
89 3/4
19

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide

21b. PLACE OF INJURY (e.g., in or about home, (arm, 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)
7-31-54 12:30

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
apparently shot himself

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 Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer

23b. ADDRESS 4050 Buellway, Sun

23c. DATE SIGNED 7-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 2, 1954

24c. NAME OF CEMETERY OR CREMATORY Forest Hill

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 8-2-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Quirk & Tobin, 20 W. Linwood, K.C. Mo.

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

SEP 13 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, ~~only~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Caldwell*.....

Licensed Embalmer No. *4719*
P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.