S. No. 300
v. 10.48

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30008

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 773

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 30 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield 0290
d. STREET ADDRESS (If rural, give location): 503 College St. 1

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Herbert
c. (Last): Nipps, Jr.

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: May 14, 1942
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours 2, Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): Colorado Springs, Colo. 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Herbert Nipps, Sr.
13b. MOTHER'S MAIDEN NAME: Faye Maberry
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Herbert Nipps, Sr. — ADDRESS: 503 College, Greenfield, Mo.

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) ~~Gun~~ Shot Gun wound of back — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) penetration of abdomen & multiple perforations of bowel
DUE TO (c) Severe Hemorrhage & Spinal Cord damage & Paraplegia & Sub Arachnoid Hemorrhage

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

19a. DATE OF OPERATION: 9-7-51
19b. MAJOR FINDINGS OF OPERATION: See above 029 E9195 43
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.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Greenfield Dade Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-7-51 5 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Accidental discharge of .410 Shot Gun

22. *I hereby certify that I attended the deceased from* 9-7-, 1951, *to* 9-8, 1951, *that I last saw the deceased alive on* 9-8, 1951, *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph N. Hills M.D.
23b. ADDRESS: Springfield Mo.
23c. DATE SIGNED: 9-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 11, 1951
24c. NAME OF CEMETERY OR CREMATORY: Greenfield Cemetery
24d. LOCATION (City, town, or county) (State): Greenfield, Missouri

DATE REC'D BY LOCAL REG.: 9-13-51
REGISTRAR'S SIGNATURE: N. E. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. C. Canada, Greenfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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~~.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed J. C. Canada

Signed.....
Student Embalmer

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.