

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0033094  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 255

FILED SEP 6 1966

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1412 Stewart</u>	
3. NAME OF DECEASED (Type or print) First <u>ROGER</u> Middle <u>PAUL</u> Last <u>FLIPPIN</u>		4. DATE OF DEATH Month <u>8</u> Day <u>28</u> Year <u>1966</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-9-38</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and state or country) <u>Cross Timbers, Missouri U.S.A.</u>	
13a. FATHER'S NAME <u>Minor C. Flippin</u>		14. NAME OF HUSBAND OR WIFE <u>Pettie Ann Flippin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Air Force</u>		16. SOCIAL SECURITY NO. <u>1412 Stewart</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhagic Shock - Hemo.</u> DUE TO (b) <u>Thorax Left Gunshot Wound</u> <u>Left Arm-Chest-Abdomen</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>Resisting Arrest Shot by Law Enforcement Officer</u>	
20c. TIME OF INJURY Hour <u>3:55</u> a.m. <u>PM</u> Month, Day, Year <u>8-28-66</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cozy Inn</u>		20f. CITY, TOWN, OR LOCATION <u>1 1/2 Mi. No. Deepwater, Henry, Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at <u>Aprox. 4:50 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Richard H. King M.D.</u> (Degree or title) <u>Henry County</u>		22b. ADDRESS <u>106 South 3rd. Clinton, Mo.</u>	
22c. DATE SIGNED <u>8-28-66</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery Kansas City, Missouri</u>	
23a. DATE <u>8-31-66</u>	23b. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery Kansas City, Missouri</u>	23c. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR <u>WEILERT FUNERAL HOME: K.C., MO.</u>		25. DATE RECD. BY LOCAL REG. <u>8-29-66</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 20 1966

### 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,

~~body~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Paul I. Moore*

Licensed Embalmer No.

*4729*

P. O. Address

*Trinkle, Mr.*

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.

Permit obtained 8-29-66 *[initials]*