

FILED JUL 17 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 22559Registrar's No. 85

Registration District No. _____

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
415 CONCOURSE 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS
(Specify whether years, months or days)

In this community 3 WEEKS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WILBER THOMAS JOPLIN

3. (b) If veteran, name war UNKNOWN

3. (c) Social Security No. UNKNOWN

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FLORENCE JOPLIN 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased SEPT 17 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 9 17 hr. min.

9. Birthplace MT. VERNON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN JOPLIN

13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name EVA WRIGHT

15. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant A. L. Moore & Son, Fun. Home

(b) Address Phoenix, Arizona

17. (a) REMOVAL (b) Date thereof JULY 6, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation REMOVAL TO PHOENIX, ARIZ.

18. (a) Signature of funeral director Charles Richard

(b) Address Excelsior Springs, Mo

19. (a) 7/6/48 (b) Caroline Kitching
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARIZONA (b) County MARICOPA ⁹⁹⁹

(c) City or town PHOENIX ²
(If outside city or town limits, write "RURAL")

(d) Street No. UNKNOWN ²
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1948 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw _____ on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Coronary Occlusion

(b) Date of occurrence July 4, 1948

(c) Where did injury occur? Excelsior Springs, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rooming House 415 Concourse
(Specify type of place)

While at work? _____ (e) Means of injury 3

23. Signature R. W. Piattler (M. D. or other) _____

Address Excelsior Springs, Mo. Date signed 7-4-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-15-48

AUG 19 1948

JAN 5 1949

SEP 23 1949

NOV 23 1951

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 _____

Lindell K. Jarman, Registered Apprentice No. 88
working under my personal supervision.

Signed Albert E. White

Licensed Embalmer No. 4168

P. O. Address Exelior Springs, 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.