

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028458
State File No.

V. S. No. 300
Rev. 10-48

FILED AUG 25 1958

REG. DIST. NO. 52 PRIMARY REG. DIST. NO.

Registrar's No. 435

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 0164	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 1470 Ozark St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hospital			
3. NAME OF DECEASED a. (First) Joseph b. (Middle) Michael c. (Last) McElroy			4. DATE OF DEATH (Month) (Day) (Year) August 14, 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 6, 1945
9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Francis McElroy		13b. MOTHER'S MAIDEN NAME Alma Popp	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma McElroy		ADDRESS Cape Girardeau	
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 of head, neck, chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 9/91 DUE TO (c) 43 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 13 Aug 58		19b. MAJOR FINDINGS OF OPERATION Subdural hematoma - massive brain damage due to metallic foreign body	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Acc		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 016 Cape Girardeau Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 13 1958 11a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Accidental gun shot wound			
22. I hereby certify that I attended the deceased from 13 Aug, 1958, to 14 Aug, 1958, that I last saw the deceased alive on 14 Aug, 1958, and that death occurred at 3:25 p.m., from the causes and on the date stated above.			
23a. SIGNATURE J. Washley M.D. (Degree or title)		23b. ADDRESS Cape Girardeau Mo	
23c. DATE SIGNED 14 Aug 58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/15/58	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
25. DATE REC'D BY LOCAL REG. Aug 20 - 1958		REGISTRAR'S SIGNATURE Mrs. Homer Cooper	
25. FUNERAL DIRECTOR'S SIGNATURE C. J. Lohr		ADDRESS Cape Girardeau, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. J. Lorberg
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau, 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.