

MICHIGAN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019043

McElhany

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 566 STATE FILE NUMBER

FILED VS MAY 23 1960	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u> Length of stay in lb <u>9 HRS.</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u> c. CITY OR TOWN <u>WEST PLAINS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>TRUMAN W. JOPLIN</u>	
4. DATE OF DEATH Month Day Year <u>MAY 12 1960</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (last birthday) <u>38</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILL WORKER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>RIPLY COUNTY, MO.</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>	
12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>CHARLES JOPLIN</u>	
13b. MOTHER'S MAIDEN NAME <u>EVA EZELL</u>	
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) <u>Unknown</u>	
16. SOCIAL SECURITY NO.	
17. INFORMANT <u>CLYDE JOPLIN, WEST PLAINS, MO.</u> Address	

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>Cerebral edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>gunshot wound (2 cal.), left frontal</u>		
DUE TO (c)		
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 checked="" 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>Remaining rifle from trunk of car -</u>	
20c. TIME OF INJURY Hour <u>11:36</u> p.m. Month, Day, Year <u>5 11 60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>country road</u>		
20e. CITY, TOWN, OR LOCATION <u>West Plains</u> COUNTY <u>Howell</u> STATE <u>Mo.</u>		21. I attended the deceased from <u>5/12/60</u> to <u>5/12/60</u> and last saw him alive on <u>5/12/60</u> Death occurred at <u>2:45 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <u>H. McElhany, M.D.</u>		22b. ADDRESS <u>Prof. Hq - Springfield, Mo.</u>		22c. DATE SIGNED <u>5/13/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5/15/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>DONIPHAN, MO.</u>	
24. FUNERAL DIRECTOR <u>H.H. LOHMEYER, SPRINGFIELD MO.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-16-60</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER JUN 14 1960

0961

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. L. McComm

Licensed Embalmer No. 2727

P. O. Address *Springfield*

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.