ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **4016**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 58

1. PLACE OF DEATH
A. COUNTY Coconino
B. LENGTH OF STAY — IN THIS TOWN Lay 1B — IN ARIZONA 7/5/55
C. CITY OR TOWN Flagstaff — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Doctors Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Kansas
B. COUNTY Sedgwick
C. CITY OR TOWN Wichita — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2703 W. 25th St.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Truman B. (MIDDLE) Allen C. (LAST) McCoy
4. SEX: M
5. COLOR OR RACE: W.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Charlotte Blanch
7. DATE OF BIRTH: MONTH Dec DAY 3 YEAR 1910
8. AGE (IN YEARS LAST BIRTHDAY): 44
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Air Force Inspector
9B. KIND OF BUSINESS OR INDUSTRY: Civil Service
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE): —
13. SOCIAL SECURITY NO.: not avail.
14A. FATHER'S NAME: Arthur W. McCoy
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Wilson
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Wendell B. Parks — ADDRESS: 216 Patton Drive, Wichita, Kans.
17. DATE OF DEATH (MONTH) July (DAY) 5 (YEAR) 1955

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (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.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Subdural Hematoma — INTERVAL BETWEEN ONSET AND DEATH: 1 day
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) auto accident — 2 days
DUE TO (C) multiple rib fractures
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Pelvic fractures, clavicle — 2 days

OPERATIONS, AUTOPSY
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 3, 1955 TO July 5, 1955, THAT I LAST SAW THE DECEASED ALIVE ON July 5, 1955, AND THAT DEATH OCCURRED AT 3:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Herbert K. Rice M.D. (DEGREE OR TITLE)
22B. ADDRESS: Flagstaff, Arizona
22C. DATE SIGNED: 7-5-55

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): auto accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway 66 west of Flagstaff
23C. (CITY OR TOWN) Flagstaff (COUNTY) Coc. (STATE) Ariz.
23D. TIME OF INJURY (MONTH) July (DAY) 3 (YEAR) 1955 (HOUR) 8 P.M.
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Car struck his from rear

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Shelby McCord Ex-Officio
24B. ADDRESS: Flagstaff Ariz
24C. DATE SIGNED: 7/7/55

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: July 7, 1955
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wichita, Kansas
26A. DATE REC. BY LOCAL REG.: 7-10-55
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: W. L. Compton
27B. ADDRESS: Flagstaff, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 70385