

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43327**
6017

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION Hospital | | | | STREET ADDRESS (If rural, give location) 5078 Glenside Drive | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN | | b. (Middle) WAYNE | | c. (Last) TRUMAN | | 4. DATE OF DEATH (Month) (Day) (Year) December 29, 1954 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH March 8, 1914 | |
| 9. AGE (In years last birthday) 40 | | IF UNDER 1 YEAR Months | | IF UNDER 1 HRS. Days | | IF UNDER 1 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | | | 10b. KIND OF BUSINESS OR INDUSTRY Postal | | 11. BIRTHPLACE (City and State or Foreign Country) Independence, Kansas | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13a. FATHER'S NAME Harry Truman | | 13b. MOTHER'S MAIDEN NAME Florence Anderson | | 14. NAME OF HUSBAND OR WIFE Maxine TRUMAN | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes WWII | | 16. SOCIAL SECURITY NO. 499-07 4103 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K. C. Mo. | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hours | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion | | | | INTERVAL BETWEEN ONSET AND DEATH 7 hours | | | |
| DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH 4201 | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Dec. 29, 1954 , to Dec. 29, 1954 , and that death occurred at 10:50 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Hugh H. Owens (Degree or title) 3 | | | | 23b. ADDRESS 1034 Bialto Bldg. | | 23c. DATE SIGNED 12-30-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE DEC 31, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI | |
| DATE REC'D BY LOCAL REG. 12-31-54 | | REGISTRAR'S SIGNATURE Neva Minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE D. J. Newcomb's Sons - Kansas City, Missouri | | | |

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

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.....
Signature of Student Embalmer

Signed *Robert A. Boyer*.....

Licensed Embalmer No. *48*
P. O. Address *K.C. 10, 1*

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.