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FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7355**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **343**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 50 yrs.	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0110	
		e. STREET ADDRESS (If rural, give location) R# 4 Hi-Way 169 South	

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Emery c. (Last) Truman		4. DATE OF DEATH March 28, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 19, 1903
9. AGE (In years last birthday) 51		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Haynes Sales Co.
11. BIRTHPLACE (City and State or Foreign Country) Besse, Oklahoma.		12. CITIZENSHIP OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Silas Leroy Truman	13b. MOTHER'S MAIDEN NAME Pearl May Rudeman	14. NAME OF HUSBAND OR WIFE Carmen Jessie Truman
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. 491-09-4132	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carmen J. Truman
		ADDRESS R#4 St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/29/55
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Esophagus DUE TO (c) and Trachea		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 150 X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of esophagus - Gastrostomy 2/19/55	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)	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 **10/31**, 19**54**, to **3/28**, 19**55**, that I last saw the deceased alive on **3/28**, 19**55**, and that death occurred at **6:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Type or title) Frank J. Vandigau M.D.	23b. ADDRESS 670 Francis St., City	23c. DATE SIGNED 3/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. April 4, 1955	REGISTRAR'S SIGNATURE Ernest M. Allison	4857	25. FUNERAL DIRECTOR'S SIGNATURE Macarhoffer - Fleeman	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *Albert P. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.