

No. 369
10.48
FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 57

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5317

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kelly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kelly 0270 0	
c. LENGTH OF STAY (In this place) 1 year		d. STREET ADDRESS (If rural, give location) 5 Miles North Tipton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Five Miles North Tipton			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK	b. (Middle) ---	c. (Last) TRUMAN	4. DATE OF DEATH (Month) (Day) (Year) January, 28, 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April, 14, 1871	9. AGE (In years) (last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Bridleshire, England 4	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME John Truman	13b. MOTHER'S MAIDEN NAME Sarah Jane Williams	14. NAME OF HUSBAND OR WIFE Catherine Truman (Dead)
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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 Frank Truman, Jr	ADDRESS Tipton, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neuritis - Virus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) _____		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Tipton, Mo.
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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? 092x
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22. I hereby certify that I attended the deceased from **Dec 19, 1951**, to **Jan 27, 1952** that I last saw the deceased alive on **Jan 27, 1952**, and that death occurred at **1:35 Am.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS Tipton, Mo.	23c. DATE SIGNED 1-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 29th	24c. NAME OF CEMETERY OR CREMATORY Willow Springs	24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 29-1952 Hellie Mullett 73	25. FUNERAL DIRECTOR'S SIGNATURE James E. Richards	ADDRESS Tipton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

770

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, ~~and by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James E. Richard*

Licensed Embalmer No. 2466

P. O. Address Tipton, Missouri

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.