

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15117**

FILED JUN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **148**

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CALLAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>FULTON</b>		c. LENGTH OF STAY (in this place) <b>25 DAYS</b>	c. CITY OR TOWN <b>FULTON TWP</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CALLAWAY HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>R.F.D. 6 FULTON</b>		<b>0140</b> <b>1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>VIRGINIA</b> b. (Middle) <b>FAY</b> c. (Last) <b>TRUMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 5, 1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JUNE 5, 1939</b>
9. AGE (In years last birthday) <b>15</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SCHOOL</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>STUDENT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>0</b> <b>NALLSVILLE MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>CURTIS TRUMAN</b>	
13b. MOTHER'S MAIDEN NAME <b>VIRGINIA EASTERWOOD</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>1X0</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Curtis Truman</b> ADDRESS <b>Fulton Mo</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>generalized Paratyphoid</b> INTERVAL BETWEEN ONSET AND DEATH <b>+ 5/9/54</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ruptured appendix</b> DUE TO (c) <b>5501</b> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Terminal Hypertensive Pneumonia</b> <b>2 days</b>	
19a. DATE OF OPERATION <b>5/26/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>over 2 Quarts of pus with odor of B. coli in abdominal cavity</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>5:11</b> , 19 <b>54</b> , to <b>6:15</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>6/5</b> , 19 <b>54</b> and that death occurred at <b>10:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Nancy Dunlap, M.D.</b>		23b. ADDRESS <b>Fulton, Mo.</b>	23c. DATE SIGNED <b>6/7/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 8/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL GARDEN</b>	24d. LOCATION (City, town, or county) (State) <b>FULTON MO</b>
DATE REC'D BY LOCAL REG. <b>June-11-1954</b>	REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	4267	25. FUNERAL DIRECTOR'S SIGNATURE <b>Maupien Funeral Home</b> ADDRESS <b>Fulton Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

JUN 23 1954

JUL 2 1954

DEC 17 1954

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 *Sam W. Stewart*.....

Licensed Embalmer No. 322

P. O. Address *Fallon*.....

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.