

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019142

2383 STATE FILE NUMBER

149 Primary Registration District No. 1002 Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2383

**FILED MAY 8 1 1962**

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>KANSAS CITY</b>  |                                   | Length of stay in 1b<br><b>Life</b>   | c. CITY OR TOWN<br><b>KANSAS CITY</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>5446 HARRISON STREET</b>   |                                   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>5446 HARRISON STREET</b>                 |
| 3. NAME OF DECEASED (Type or print)<br>First <b>RALPH</b> Middle <b>EMERSON</b> Last <b>TRUMAN</b>   |                                   | 4. DATE OF DEATH<br>Month <b>APRIL</b> Day <b>30</b> Year <b>1962</b>   |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/10/80</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>MAJOR-GENERAL</b>  |                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>U. S. ARMY</b>  | 11. BIRTHPLACE (City and state or country)<br><b>KANSAS CITY, MO.</b>                        |
| 13a. FATHER'S NAME<br><b>THOMAS TRUMAN</b>   |                                   | 13b. MOTHER'S MAIDEN NAME<br><b>HENRIETTA STRANG</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>MRS. OLIVE TRUMAN</b>                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service<br><b>YES WORLD WAR I &amp; II</b>  |                                   | 17. INFORMANT<br>Address <b>5446 HARRISON ST</b><br><b>MRS. OLIVE TRUMAN KANSAS CITY, MO.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac Tamponade</b><br>DUE TO (b) <b>Ruptured left ventricle</b><br>DUE TO (c) <b>Coronary Thrombosis Myocardial Infarction 24 hrs.</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis Generalized.</b> |                                   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hour</b>  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                                   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  |                                   | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                   | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE   |
| 21. I attended the deceased from <b>January 1951</b> to <b>April 30, 62</b> and last saw him alive on <b>12 Jan 4 30 62</b><br>Death occurred at <b>12:01 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Arnold V. Arms</b>  |                                   | 22b. ADDRESS<br><b>463 S. Woodlawn K. City Mo</b>   | 22c. DATE SIGNED<br><b>4-30-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>  | 23b. DATE<br><b>APR. 30, 1962</b> | 23c. NAME OF CEMETERY OR CREMATORIUM<br><b>BRUSH CR.</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>SPRINGFIELD MISSOURI</b>                 |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMER'S SONS</b>  |                                   | 25. DATE RECD. BY LOCAL REG.<br><b>5-1-62</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Arnold V. Arms**

USE BLACK INK OR TYPEWRITER RIBBON

7961 T 8 MAY SA

Dr. Arnold V. Owen  
4320 Hamall Road

**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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, 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.