

FILED CERTIFICATE OF DEATH
JAN 9 1973

DO NOT WRITE ON THIS STUB

VS 300
Rev. 11/72

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. HARRY S TRUMAN			2. Male	3. December 26, 1972		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White			5a. 88	5b. _____	5c. _____	6. May 8, 1884
CITY, TOWN, OR LOCATION OF DEATH			7a. Jackson			
7b. Kansas City			7c. Yes			
7d. Research Hospital			7e. _____			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. U. S. A.		10. Married		11. Elizabeth Virginia Wallace
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 488-40-6969			13a. Former President		13b. United States of America	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER
14a. Missouri		14b. Jackson		14c. Independence		14d. Yes
14e. Blue		14f. 219 No. Delaware		14g. _____		
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. John Anderson Truman			16. Martha Ellen Young			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Harry Truman			17b. 219 No. Delaware Independence, Missouri			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Acute Renal Tubular Necrosis						72 Hrs.
(b) Coronary Heart Disease						36 Hrs.
(c) Congestive Heart Failure						12 Hrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
Shock and Generalized Arteriosclerosis						No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						17b. _____
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. _____		20b. _____		20c. _____		20d. _____
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e. _____		20f. _____		20g. _____		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH DAY YEAR
21a. Sept. 1, 1945			21b. Dec. 26, 1972		21c. Dec. 26, 1972	
I DID / DID NOT VIEW THE BODY AFTER DEATH.			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO			
21d. Yes			21e. 7:50 A.M.			
CERTIFICATION BY MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION OF THE DEATH OCCURRED AT THE PLACE AND TIME OF THE DEATH						
22a. Wallace H. Graham						22b. 7:50 A.M.
22c. Wallace H. Graham						22d. Dec. 26, 1972
CERTIFIER—NAME (TYPE OR PRINT)		MO. LICENSE NO.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)
23a. Wallace H. Graham		23b. 21534		23c. Wallace H. Graham M.D.		23d. Dec. 26, 1972
MAILING ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN		STATE
23e. 1815 East 63rd St.		23f. Kansas City		23g. Missouri		23h. 64130
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. Burial		24b. Truman Library		24c. Independence, Missouri		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. Dec. 28, 1972		24e. George C. Carson & Sons Funeral Home Winner Rd. Indep. Mo. 64052				
REGISTRAR SIGNATURE		REG. NO.		REGISTRAR SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR
25a. George C. Carson		25b. 017		25c. Luther R. Boyt		25d. 12-28-72

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

7b-c **2820**
7d **10082**
8. **29**
14a. **29**
14b. **095**
14c-d **21251**
14e. **005**
22021534
26a. _____
18-U. **5931**
18-S-1. _____
18-S-2. _____
20a-f. _____
20g-St. _____
20g-Co. _____
20g-Cy. _____

25a. **George C. Carson**
25b. **017**
25c. **Luther R. Boyt**
25d. **12-28-72**

1-24-73

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 *Floyd C. Larson*

Licensed Embalmer No. 4199

P. O. Address *Step. 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: