114296
File Date

BOOK 130 PAGE 445

GOVERNMENT OF THE DISTRICT OF COLUMBIA — DEPARTMENT OF HUMAN SERVICES
91 AUG 16 AM 11:12
CERTIFICATE OF DEATH
File Number 108- 910005407

ENTRIES SHOULD BE TYPEWRITTEN ONLY USE BLACK RIBBON.

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): TRUMAN PRICE
2. SEX: MALE
3a. DATE OF DEATH (Month, Day, Year): AUGUST 12, 1991
3b. HOUR OF DEATH: 11:00 am
4. SOCIAL SECURITY NUMBER: 536-16-5310
5a. AGE-Last Birthday (Years): 68
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 24 HOURS: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 31, 1923
7. BIRTHPLACE (City and State or Foreign Country): Portland, Oregon
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): YES
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Sibley Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: WASHINGTON, D. C.
9d. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mary A. Dayharsh
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Electrical Engineer
12b. KIND OF BUSINESS/INDUSTRY: Western Light & Power Co.
12c. MANUFACTURER ☐ WHOLESALER ☐ RETAILER ☐

SEE INSTRUCTIONS ON OTHER SIDE

13a. RESIDENCE – STATE: Md.
13b. COUNTY: Montgomery
13c. CITY, TOWN, OR LOCATION: Bethesda
13d. STREET AND NUMBER: 7019 MacArthur Blvd.
13e. INSIDE CITY LIMITS? (Yes or no): Yes
13f. ZIP CODE: 20816
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5 +): 5+

PARENTS

17. FATHER'S NAME (First, Middle, Last): J. Chauncey Price
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hazel O'Neill

INFORMANT

19a. INFORMANT'S NAME: Mary A. Price
19b. RELATIONSHIP TO DECEDENT: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7019 MacArthur Blvd. Bethesda, Md. 20816

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE OF DISPOSITION: 8-14-1991
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Chambers Crematory
20d. LOCATION – City or Town, State: Riverdale, Md.
21a. SIGNATURE OF FUNERAL DIRECTOR: Thomas S. Chambers
21b. LICENSE NUMBER (of Licensee): 840
22. NAME AND ADDRESS OF FACILITY: W.W. Chambers Co. Inc. 9241 Columbia Blvd. Sil. Spg. Md. 20910
23a. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) If Yes, Type Med. Ex: Home: NO
23b. DATE:
24. IF DECEDENT WAS MARRIED WOMAN, ENTER MAIDEN NAME (First, Middle, Last): N/A

CAUSE OF DEATH

25. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. ACUTE MYOCARDIAL INFARCTION
DUE TO (OR AS A CONSEQUENCE OF):
b. CORONARY ARTERY DISEASE
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Approximate Interval Between Onset and Death: 2 MONTHS

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

26a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
26b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

27. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
28a. DATE OF INJURY (Month, Day, Year):
28b. TIME OF INJURY:
28c. INJURY AT WORK? (Yes or no):
28d. DESCRIBE HOW INJURY OCCURRED:
28e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify):
28f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

CERTIFIER

29. I certify that I/the hospital attended the deceased from JUNE 1, 1991 to JULY 31, 1991 that I/we last saw the deceased alive on JULY 31, 1991 and that death occurred from the cause and on the date and hour stated above.
30a. SIGNATURE: William G. Battaile
ATTENDING PHYS. ☒ MEDICAL DIRECTOR ☐ STAFF PHYS. ☐ C.F. Co.
30b. DATE SIGNED: AUGUST 13, 1991
30c. PHYSICIAN'S NAME (Type): WILLIAM G. BATTAILE
30d. ADDRESS: 5255 CONNECTICUT AVE. NW, WASH. DC 20016

DHS-150 REV. 7/89

REMARKS: CREMATION APPROVED
Authority For Cremation Granted By: Chief Medical Examiner MD 8/14/91 (Date)
IF UNDER 4 YEARS, ENTER PLACE OF BIRTH—HOSPITAL OR ADDRESS IF NOT IN HOSPITAL

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE FILED WITH THE VITAL RECORDS BRANCH, DEPARTMENT OF HUMAN SERVICES, DISTRICT OF COLUMBIA.

WARNING: IT IS UNLAWFUL TO MAKE COPIES OF THIS DOCUMENT AND PRESENT THEM AS AN [redacted]ICATE COPY OR COPY OF A VITAL RECORD.

JANUARY 16, 1992
DATE ISSUED

NOT VALID WITHOUT RAISED SEAL
Carl W. Wilson
CARL WILSON, REGISTRAR

2-6-5900

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