

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31004**

BIRTH NO. _____		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>5686</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u> <u>0580</u>				
b. CITY OR TOWN <u>Rural Locust Creek</u>		c. LENGTH OF STAY (in this place) <u>unknown</u>		c. CITY OR TOWN <u>Laclede Linn</u>		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Turner Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>rural Locust Creek Twp.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhoda</u> b. (Middle) <u>Olive</u> c. (Last) <u>Disney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct</u> <u>4</u> <u>1950</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 11 1865</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clarence, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Bowman</u>			13b. MOTHER'S MAIDEN NAME <u>Maryetta Crawford</u>		14. NAME OF HUSBAND OR WIFE <u>John F. Disney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Franklin G. Disney, Laclede MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerulonephritis of Right Kidney</u> <u>Heart</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Renal</u> DUE TO (c) <u>Nephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 yr</u> <u>10 yr</u> <u>170X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (Min.)		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 <u>July 20, 1946</u> to <u>Oct 30, 1950</u> , that I last saw the deceased alive on <u>Sept 30, 1950</u> , and that death occurred at <u>12:20 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Boyd R. Haly</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>Oct 5, 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct 6 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Marcelibe, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct 5 - 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Biddie Kelley</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James M. Franklin</u>		ADDRESS <u>Marceline. MO</u>		

05-80

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

Date Received: OCT 7 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-167
Date Filed: OCT 9 1950

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
Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marble, Md

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.