

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **743**

BIRTH NO.		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>35</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jaffarson City</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hanley Clark</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Marys Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Hanley Mo. 0260</b>			
3. NAME OF DECEASED a. (First) <b>JAMES</b>			b. (Middle) <b>WALTER</b>		c. (Last) <b>DISINGER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 26-53</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>FEB. 12-1876</b>	9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>No Record</b>			13b. MOTHER'S MAIDEN NAME <b>No Record</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. Domingo Columbus</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Apyrexia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>to death</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c) <b>2900</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Corticosteroid Therapy</b>					
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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>1/26</b> , 19 <b>52</b> , to <b>1/26</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/26</b> , 19 <b>52</b> , and that death occurred at <b>7:35 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Marshall W. Kelly M.D.</b>				23b. ADDRESS <b>Jaffarson City</b>		23c. DATE SIGNED <b>1/28/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1-29-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hickory Hill Cem Eugene Mo</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 28-1953</b>		REGISTRAR'S SIGNATURE <b>R.P. Dorris M.D.-M.P.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Steffen Russellville Mo</b>			

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

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M.D.

**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 *G. M. Steffens*

Licensed Embalmer No. 2207

P. O. Address Russellville 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 this body is not embalmed, fact should be so stated above.