

FILED OCT 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30976

State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>Grandview</u> LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANDVIEW AIR BASE</u>		e. STREET ADDRESS (If rural, give location) <u>508 motqual st.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rolla</u> b. (Middle) <u>A</u> c. (Last) <u>Disney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>44</u>
9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. <u>44</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osceola Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Fred E Disney</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY Wisner</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-36-8585</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NORMAN Disney</u> ADDRESS <u>Osceola Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Factor Hemorrhage, secondary fracture</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Multiple skull fractures, crushing injuries</u>		
	DUE TO (b) <u>Ballpoint Fracture of arm & legs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E9028 6</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Grandview Air Base</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-28-54 2:36</u>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from roof</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:36 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Charles W. ...</u>	23b. ADDRESS <u>6627 Resnet Ave</u>	23c. DATE SIGNED <u>9-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/29/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OSCEOLA</u>	24d. LOCATION (City, town, or county) (State) <u>OSCEOLA Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9/29/54</u>	REGISTRAR'S SIGNATURE <u>...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FRANCE Wornall</u> ADDRESS <u>K.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 19 1960

OCT 8

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 *Russell N. Fran*

Licensed Embalmer No. 42

P. O. Address H.C.

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.