No. 300
10.48

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1668

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: LINN 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARCELINE
c. LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARCELINE 0581 0
d. STREET ADDRESS (If rural, give location): 113 W. WALKER

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) R c. (Last) Disney
4. DATE OF DEATH (Month) (Day) (Year): 1 13 1955
5. SEX: MALE 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: AUG. 2 1868
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 5, Days 11 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SELF EMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (City and State or Foreign Country): State of Kentucky 1
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: ELIGE DISNEY
13b. MOTHER'S MAIDEN NAME: NANCY MULLUS
14. NAME OF HUSBAND OR WIFE: IDA DISNEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Mrs M. Staples — ADDRESS: Marceline Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive heart failure

DUE TO (c) generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* chronic pyelonephritis, prostatic hypertrophy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 13, 1954, *to* JAN 12, 1955, *that I last saw the deceased alive on* JAN 12, 1955, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: George Gary MD (Degree or title) O.
23b. ADDRESS: Marceline Mo.
23c. DATE SIGNED: 1-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN 15 1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): MARCELINE Mo.

DATE REC'D BY LOCAL REG.: 1-14-55
REGISTRAR'S SIGNATURE: M. J. Ridgway 401-d
25. FUNERAL DIRECTOR'S SIGNATURE: Miller-Kilgoran — ADDRESS: Marceline Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gilbert K. Tichatian

Licensed Embalmer No. 4508

P. O. Address Marceline, 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.