

S. No. 2
M-8-43
5-17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1948

State File No. 18803
Registrar's No. 206

Registration District No. 30 Primary Registration District No. 3007

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

1. PLACE OF DEATH:
(a) County BOYD
(b) City or town POPLAR BLUFF
(c) Name of hospital or institution: LUCY LEE HOSPITAL
(d) Length of stay: 3 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wayne
(c) City or town Bluff
(d) Street No. _____
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME ODA LEE ODELL
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Leila
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 1 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Bluff Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name Joseph Odell
13. Birthplace Georgia
(City, town or county) (State or foreign country)

14. Maiden name Emily Harmon
15. Birthplace Wayne Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lucie Banks
(b) Address Bismarck Mo
17. (a) Burial (b) Date thereof 5 3 48
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried
18. (a) Signature of funeral director Wm. McArthur
(b) Address Bismarck Mo
19. (a) 6/26/48 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11
year 1948 hour 7 minute 45 P M.
21. I hereby certify that I attended the deceased from 4-30 1948 to 5-1 1948
that I last saw him alive on May 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure
Due to Chronic passive congestion and decompensation
Due to Rheumatic Heart Disease
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 95C
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(e) Means of injury _____
23. Signature W. McArthur (M. D. or other) Mo
Address Poplar Bluff, Mo Date signed 6-21-48

RECEIVED

District Health Office No. 2

District File Number - 642-89

Date Filed - 6-28-48

JUN 23 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.