

No. 300
10.48

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7759

State File No.

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

243

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4133 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kearney</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kearney</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>J</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>ODOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March-28-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Aug 8 - 1946</u>
9. AGE (In years last birthday) <u>2</u>		10. MONTHS <u>7</u>	11. DAYS <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Otto Odor</u>	
13b. MOTHER'S MAIDEN NAME <u>Trudy D. Foor</u>		14. NAME OF HUSBAND OR WIFE <u>J</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>J</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Otto Odor</u>		ADDRESS <u>Kearney, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BASAL FRACTURE WITH CEREBRAL HEMORRHAGE</u>		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) _____ DUE TO (c) <u>UNAVOIDABLE CAR ACCIDENT.</u>			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: <u>CGI 24</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>25</u>	
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.) <u>Kearney street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kearney Clay Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 28-49-10:20 A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Pedestrian</u>	
22. I hereby certify that I attended the deceased from <u>CORONER CASE</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m.; from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. P. St. ...</u>		23b. ADDRESS <u>W. H. ...</u>	
23c. DATE SIGNED <u>3/28/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arley Stone Clay MO</u>
DATE REC'D BY LOCAL REG. <u>March 30. 1949</u>	REGISTRAR'S SIGNATURE <u>Winnie Haynes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>	ADDRESS <u>Kearney Mo.</u>

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-7-49

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

Leonard Fry

Licensed Embalmer No. 1677

P. O. Address

Kearney 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.