

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30488

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3965

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 60 days		d. STREET ADDRESS (If rural, give location) 3814 Central	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) H. Odell c. (Last) Odell			4. DATE OF DEATH (Month) (Day) (Year) Sept. 14 1949		
---	--	--	---	--	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 9, 1878	9. AGE (In years, last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
----------	--------------------	--	------------------------------	-------------------------------------	-----------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK	10b. KIND OF BUSINESS OR INDUSTRY SEWALL PAINT	11. BIRTHPLACE (State or foreign country) ONTARIO, CANADA	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	----------------------------------

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Rena Hutchinson	14. NAME OF HUSBAND OR WIFE Stella Odell
----------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year no. unknown) No	16. SOCIAL SECURITY NO. 44-01-6729	17. INFORMANT'S SIGNATURE OR NAME Stella Odell	ADDRESS 3814 Central KC Mo
---	------------------------------------	--	----------------------------

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* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) arteriovascular heart disease		2 1/2 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

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)	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 9-11-49, to 9-14-49, 19, that I last saw the deceased alive on 9-14-49, 19, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart (Degree or title)	23b. ADDRESS Med. Dir. K.C. Gen. Hospital	23c. DATE SIGNED 9-14-49
--	---	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-16-49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) K.C. Mo
--	-------------------	--	---

DATE REC'D BY LOCAL REG. 9-15-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE C. A. Blackman	ADDRESS 909 S. Olive KC Mo
----------------------------------	--	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

*H. Blackman*

**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 *J. H. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *RC 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.