S. No. 300
v. 10-48

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4961

State File No. .....

BIRTH NO. 62704-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 454

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Childrens Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Mo.
d. STREET ADDRESS (If rural, give location) Richmond, Mo.

0811
X1

3. NAME OF DECEASED (Type or Print)
a. (First) Dale
b. (Middle) Lance
c. (Last) O'dell

4. DATE OF DEATH (Month) (Day) (Year) Jan 31 -1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 10-25-1949 ~~Jan 31 1950~~
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 3 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Richmond Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arvie O'Dell
13b. MOTHER'S MAIDEN NAME Beulah Williams
14. NAME OF HUSBAND OR WIFE —

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. none
17. INFORMANT'S SIGNATURE OR NAME Arvie O'Dell ADDRESS Richmond 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) X Hemorrhagic Edema of Lungs
Toxic Nephritis due to Ileus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diarrhea & Dehydration
DUE TO (c) (c) enteritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5710
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* Pathology ~~Jan 29, 1950~~, *to* ~~Jan 31, 1950~~, *that I last saw the deceased alive on* ~~Jan 31~~, 1950, *and that death occurred at* 5:59 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H. M. Gilkey (Degree or title) M. D.
23b. ADDRESS 1624 Prof. Bldg
23c. DATE SIGNED 1/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 2, 50
24c. NAME OF CEMETERY OR CREMATORY Sunnyslope Cem
24d. LOCATION (City, town, or county) Richmond Mo (State)

DATE REC'D BY LOCAL REG. 1-31-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Quest-Lile F. H. ADDRESS Richmond Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1950

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 Louis Lucent

Licensed Embalmer No. 40 96

P. O. Address Richmond, 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.