

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9990

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Fishing River</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Fishing River</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>8 Miles SE Ex. Springs, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile East Ex. Springs, Mo.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1950</u>	
3. NAME OF DECEASED (Type or Print) <u>FANNIE</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>O'DELL</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 16, 1875</u>
9. AGE (In years last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Jose O'Dell</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel O'Dell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If a. no. or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willis O'Dell, Ex. Springs, Mo.</u>	
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) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) <u>Chronic Pyelitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>11/1</u> , 19 <u>49</u> , to <u>3/13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/13</u> , 19 <u>50</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. A. Coburn M.D.</u>		23b. ADDRESS <u>Ex. Springs, Mo.</u>	
23c. DATE SIGNED <u>3/14/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>O'Dell Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ex. Springs, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles Richard, Ex. Springs, Mo.</u>	
DATE REC'D. BY LOCAL REG. <u>3/15/50</u>		REGISTRAR'S SIGNATURE <u>Helen J. Larker</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 25
District Health Officer No. 8,
District File Number _____
Date Filed 3-24-50

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 Luscel F. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.