

STANDARD CERTIFICATE OF DEATH

State File No.

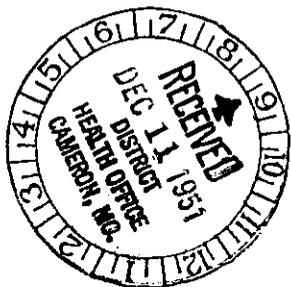
FILED DEC 13 1951

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 126

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>	
c. LENGTH OF STAY (in this place) <u>35 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>416 E. Foley St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>416 E. Foley St</u>			
3. NAME OF DECEASED a. (First) <u>EMMA</u>		b. (Middle) _____ c. (Last) <u>O'DELL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25, 1862</u>
9. AGE (In years last birthday) <u>88</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 1 YEAR Hours _____ Mins. _____	if UNDER 1 YEAR _____
10a. 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>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thomas P. Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Holman</u>	14. NAME OF HUSBAND OR WIFE <u>Alfred O'Dell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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 <u>Raymond Thomas</u> ADDRESS <u>Excelsior Springs, 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>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sev. days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4201</u>	
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 <u>4/3</u> , 19 <u>49</u> , to <u>11/28/51</u> , that I last saw the deceased alive on <u>11/25/51</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. D.</u> (Degree or title)		23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>12/4/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Union</u>	24d. LOCATION (City, town, or county) (State) <u>9 mi. E. Lawson, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12/4/51</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Richard</u> ADDRESS <u>Excelsior Springs, Mo.</u>	



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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Lindell K. Jarman

Signed.....
Student Embalmer

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.