

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34479

State File No. ....

FILED OCT 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 3012 Registrar's No. 142

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 OR TOWN <u>Excelsior Springs</u> (township))		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #1</u> <u>243</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANE</u> b. (Middle) _____ c. (Last) <u>O'DELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1952</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>Dec. 25, 1864</u>
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>9</u>	11. DAYS <u>24</u>
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 (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Eb Titus</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Moses O'Dell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marvin Hill, Rt. #1, Ex. Spr's. Mo</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia terminal</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> <u>10 days</u> DUE TO (c) <u>Fracture femur</u> <u>year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Fracture femur</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500 F</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Excelsior Springs, Clay Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-15-52 10:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell in Home</u>		22. I hereby certify that I attended the deceased from <u>9-15, 1952</u> , to <u>10-19, 1952</u> , that I last saw the deceased alive on <u>10-19, 1952</u> , and that death occurred at <u>9:50 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Barbara B. Robinson</u> (Degree or title) <u>Ms.</u>		23b. ADDRESS <u>Excelsior Springs, Mo</u>	
23c. DATE SIGNED <u>10/21/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old New Garden</u>	
24d. LOCATION (City, town, or county) (State) <u>4mi. SE Excelsior Spr's Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Richard</u> ADDRESS <u>Excelsior Springs, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/21-52</u>		REGISTRAR'S SIGNATURE <u>Barbara B. Robinson</u>	

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

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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 Lindell K. 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.