

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27679

FILED SEP 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Butler		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 200 W. Ft. Scott St.				e. STREET ADDRESS (If rural, give location) 200 W. Ft. Scott 0071			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Francis		c. (Last) O'Dea		4. DATE OF DEATH (Month) (Day) (Year) 8-26-1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-5-1897	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Chief		10b. KIND OF BUSINESS OR INDUSTRY Law enforcement		9. AGE (In years last birthday) Months 7 Days 21 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Chief		10b. KIND OF BUSINESS OR INDUSTRY Law enforcement		11. BIRTHPLACE (City and State or Foreign Country) Bates Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ned O'Dea		13b. MOTHER'S MAIDEN NAME Bertha Manlove		14. NAME OF HUSBAND OR WIFE Anna Mae O'Dea			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-09-4389		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Mae O'Dea Butler, 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) Acute Coronary Thrombosis. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension.				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		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) None		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 July , 19 53 , to August , 19 53 , that I last saw the deceased alive on 8/26 , 19 53 , and that death occurred at 2:15 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Donald Perry				23b. ADDRESS Butler, Mo		23c. DATE SIGNED 8/29/53	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-28-53		23c. NAME OF CEMETERY OR CREMATORY Cathill Cemetery		23d. LOCATION (City, town, or county) (State) Butler, Missouri	
DATE REC'D BY LOCAL REG. Aug 27-53		REGISTRAR'S SIGNATURE Donald Perry		17-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culva-Undewood Butler, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Ronald
0071

MAR 17 1954

SEP 9 1953

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.....
Signature of Student Embalmer

Signed *Robert G. Steinbeck*.....

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.