

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27516**
3173

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 45 yrs.	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 3559 White		e. STREET ADDRESS (If rural, give location) 3559 White	

3. NAME OF DECEASED (Type or Print) Odell Marshall			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1954		
5. SEX 3 Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 28, 1887	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Glasgow, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Nelson Dillard		13b. MOTHER'S MAIDEN NAME Izetta Hayes	
13c. NAME OF HUSBAND OR WIFE Arthur O. Marshall		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. 496-24-0285	
17. INFORMANT'S SIGNATURE OR NAME Arthur Marshall		ADDRESS 3559 White			

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, asthma, etc.* It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid 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.				443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 **May 1, 1954**, to **July 4, 1954**, that I last saw the deceased alive on **July 4, 1954**, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. M. Willman M.D.		23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 7/8/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/10/54		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		DATE REC'D BY LOCAL REG. 7-8-54		REGISTRAR'S SIGNATURE Seraldine Smith	

25. FUNERAL DIRECTOR'S SIGNATURE Wesley Reed		ADDRESS 18th & Denton	
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WRITE PLAINLY, USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Pruce H. Wathen*

Licensed Embalmer No... *45*

P. O. Address *18th & R*

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.