

FILED SEP 27 1954

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>5214</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARTER</u>			
b. CITY OR TOWN <u>RURAL FARMHAM IN THE FINE</u>		c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		1c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. GARWOOD, MO</u>				e. STREET ADDRESS (If rural, give location) <u>GARWOOD, MO 0180</u>			
3. NAME OF DECEASED (Type or Print) <u>CLAUDE</u>		a. (First)		b. (Middle)		c. (Last) <u>O'Dell</u>	
4. DATE OF DEATH <u>Sept 11 1954</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 25, 1899</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Carter County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Morgan O'Dell</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Cates</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel 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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel O'Dell</u> ADDRESS <u>GARWOOD 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>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Wks.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <u>331 X</u>				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) _____ m.		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>Death on Arrival</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Coleman M. Brown</u> (Doctor or title) <u>3</u>				23b. ADDRESS <u>New Bremen, Mo.</u>		23c. DATE SIGNED <u>9/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRISSHAM Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carter County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 24-54</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman M. Brown</u>		ADDRESS <u>New Bremen 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Allen C. McSp...

Licensed Embalmer No. 45

P. O. Address.....
Ch...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.