

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31473**

FILED SEP 24 1956

BIRTH NO. _____ REG. DIST. NO. **228** PRIMARY REG. DIST. NO. **4341** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellflower		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellflower	
c. LENGTH OF STAY (in this place) 6 yrs		d. STREET ADDRESS (If rural, give location) Spire's Resting Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Spire's Resting Home			

3. NAME OF DECEASED (Type or Print) a. (First) Warren b. (Middle) William c. (Last) Oden	4. DATE OF DEATH (Month) (Day) (Year) Sept 17 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct 30, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY General Duties	11. BIRTHPLACE (State or foreign country) Montgomery Co Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hezkiah Oden	13b. MOTHER'S MAIDEN NAME Lucy Summers	14. NAME OF HUSBAND OR WIFE Mary Ulrich Oden (Decea
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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. None	17. INFORMANT'S SIGNATURE OR NAME J.H. Oden ADDRESS Bellflower Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **Sept 14, 1956**, to **Sept 16, 1956**, that I last saw the deceased alive on **Sept 16, 1956**, and that death occurred at **7:00 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willis H. Walla M.D.	23b. ADDRESS Walla's Office	23c. DATE SIGNED 9/18/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-20-1956	24c. NAME OF CEMETERY OR CREMATORY Middletown	24d. LOCATION (City, town, or county) (State) Middletown Mo.
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DATE REC'D BY LOCAL REG. Sept 20 '56	REGISTRAR'S SIGNATURE Laura B. Callaway	25. FUNERAL DIRECTOR'S SIGNATURE Almond & Jones ADDRESS Bellflower Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Me Student Embalmer No.

working under my personal supervision.

Signed Donald A. Jones
.....
Licensed Embalmer No. 2978
.....

Signed.....
Student Embalmer

P. O. Address Bellflower Mo
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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.