

FILED OCT 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. **33400**

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 4108		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give town or township) Stockton		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Stockton		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 301 East St.				e. STREET ADDRESS (If rural, give location) 301 East St.			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) JANE		c. (Last) O'DELL		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 1, 1876	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR 7 Months 14 Days		IF UNDER 2 HRS. 4 Hours 15 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Hermitage, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Wm. Campbell			13b. MOTHER'S MAIDEN NAME Cynthia Boaz			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby J. O'Dell, Stockton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio-vascular disease Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes mellitus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 3 yrs.	
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) Stockton Mo. Cedar County Mo.			
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 2-12-43 , 19____, to 10-14 , 19 56 , that I last saw the deceased alive on 10-14 , 19 56 , and that death occurred at 12:15 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm B Ritter MD				23b. ADDRESS Stockton Mo.		23c. DATE SIGNED 10-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-18-1956		24c. NAME OF CEMETERY OR CREMATORY Gum Springs Cem.		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. 10-19-56		REGISTRAR'S SIGNATURE Geneva Garrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinton Funeral Home, Stockton, Mo.			

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 438

P. O. Address Strickton,

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.