

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

STATE FILE NUMBER 7997

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Excelsior Springs		6000 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ex. Sprgs., Hosp			Length of stay in lb Lifetime		d. STREET ADDRESS Route # 1		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Peninnah Middle O'Dell Last O'Dell				4. DATE OF DEATH Month March Day 12 Year 1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8-8-1885		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Ray County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A		IF UNDER 1 YEAR Months Days Hours Min.	
13. FATHER'S NAME George W. Scott				14. MOTHER'S MAIDEN NAME Mary Broadhurst					
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. Unk.		17. INFORMANT Address Louis M. O'Dell-Ex. Springs, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 1 week		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Previous Cerebral Hemorrhage		DUE TO (c) Hypertension - Arteriosclerosis		8 months			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Terminal pneumonia - anemia.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 1956 to 12 March 1957 and last saw her ^{alive} on 12 Mar 1957 Death occurred at 8:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Ralph L. McHale, M.D. (Degree or title)				22b. ADDRESS Excelsior Springs, Mo			22c. DATE SIGNED 13 Mar 1957		
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE 3-14-57		23c. NAME OF CEMETERY OR CREMATORY Union Cemetery		23d. LOCATION (City, town, or county) (State) Rural Excelsior Sprgs., Mo			
24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home, Inc. Ex. Sprgs				25. DATE RECD. BY LOCAL REG. 3/6/57		26. REGISTRAR'S SIGNATURE Caroline Hutchings			



RECEIVED
JUN 23 1960

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, on ~~XXY~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph O. Van Landingham*

Licensed Embalmer No.....

P. O. Address..... Ex. Spr...

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.