

FILED SEP 11 1957

STANDARD CERTIFICATE OF DEATH

37 027751
State File No. 4097 Registrar's No. 128

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>	c. CITY OR TOWN <u>Harrisonville</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Highway #2 SE of Harrisonville</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 1 Surburban</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ZENAS</u>	b. (Middle) <u>MILBURN</u>	c. (Last) <u>ODOR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3, 1957</u>
-------------------------------------	-------------------------	----------------------------	-----------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 10, 1892</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MINS. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wyandotte County, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Alexander Oder</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Strange</u>	14. NAME OF HUSBAND OR WIFE <u>None</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. <u>Misplaced</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nina Keltner Harrisonville, Mo.</u>	ADDRESS
--	--	---	---------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>Subd</u>
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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) <u>4201</u>
--	--	---

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?
--	--	----------------------------

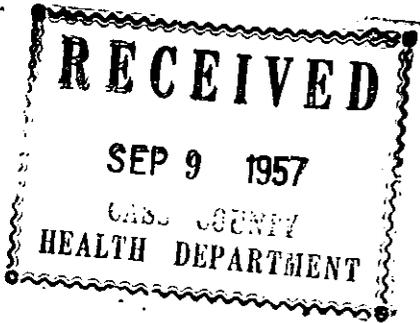
22. I hereby certify that I attended the deceased from 9-3-, 1957, to 9-3-, 1957, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward S. Jones MD</u> (Degree or title)	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>9-4-57</u>
--	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 5-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG <u>Sept 5, 1957</u>	REGISTRAR'S SIGNATURE <u>Alora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert D. ...</u>	ADDRESS <u>Harrisonville Mo</u>
---	--	---	---------------------------------

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 *Robert Anderson*.....

Licensed Embalmer No. *4902*.....

P. O. - Address *Harrisonville*.....

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.