

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34794**

FILED NOV 13 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4042** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Lutesville, Mo</b> township)	c. LENGTH OF STAY (In this place) <b>27 yrs</b>	c. CITY OR TOWN <b>Lutesville, Mo</b>	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 <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>RD 9<sup>th</sup></b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JESSE</b>	b. (Middle) <b>ROBERT</b>	c. (Last) <b>ODOM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-3-57</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 22, 1885</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Repair</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Ripley County Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Dan Odom</b>	13b. MOTHER'S MAIDEN NAME <b>Isabelle Stevens</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie Lee</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-42-489</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jessie Odom Lutesville</b>	ADDRESS
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18. CAUSE OF DEATH 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) <b>Inanition &amp; Debilitation</b>		<b>6 mos -</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b> DUE TO <b>Primary Melanocarcinoma (skin)</b>		<b>6 mos</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>190X</b>	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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)	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 **June 10, 1957, Nov. 3, 1957**, that I last saw the deceased alive on **Nov. 3, 1957** and that death occurred at **3:45 pm.**, from the causes and on the date stated above.

22a. SIGNATURE <b>W. Leonard Trent, D.O.</b> (Degree or title)	22b. ADDRESS <b>Lutesville Missouri</b>	22c. DATE SIGNED <b>11-5-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-5-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bollinger Co. Mem</b>	24d. LOCATION (City, town, or county) (State) <b>Lutesville, Mo</b>
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DATE REC'D BY LOCAL REG. <b>11/5/57</b>	REGISTRAR'S SIGNATURE <b>Mrs. Buford Crider</b>	25. FORENSIC DIRECTOR'S SIGNATURE <b>W. Leonard Trent</b> ADDRESS <b>Lutesville Mo</b>
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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 ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *P. O. Laws*

Licensed Embalmer No. *4538*

P. O. Address *Jackman, Mo.*

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.