

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 144

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, Liberty, Mo.</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clay County Home</u> | | d. STREET ADDRESS <u>3533 Montgall</u> | |
| Length of stay in lb <u>1 yr</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>NEWTON</u> Last <u>O'DELL</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>17</u> Year <u>1957</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-6-1868</u> | 9. AGE (In years last birthday) <u>39</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Company</u> | 11. BIRTHPLACE (City and state or country) <u>Ray County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Nehri O'Dell</u> | | | 14. MOTHER'S MAIDEN NAME <u>Unk</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>none</u> | 17. INFORMANT <u>Jesse O'Dell, Kansas City, Missouri</u> | | |

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|---|------------------------------------|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular renal syndrome</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>arteriosclerosis</u> | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |

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| 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 _____ Month _____ Day _____ Year _____ 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 |

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|--|-----------------------------------|-------------------------------------|
| 21. I attended the deceased from <u>Jan 57</u> to _____ and last saw <u>him</u> alive on <u>October 57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <u>Wm J. Anderson</u> (Degree or title) <u>M.D.</u> | 22b. ADDRESS <u>Liberty Mo</u> | 22c. DATE SIGNED <u>11/18/57</u> |

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|--|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>11-17-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Old New Garden</u> | 23d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u> <u>Excelsior Springs, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>11-30-57</u> | 26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u> | |

Health, & Welfare Public Health Service
S. 300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Securing the abstract of certification at the expense of the informant required by 1937.140 makes 1947.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Indell Jarman*.....

Licensed Embalmer No. *45*
Excelsior Springs,
P. O. Address

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.