

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

599

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 3

|  |                              |   |   |  |   |
|--|------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>   |                              |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Excelsior Springs</u>   |                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Excelsior Springs</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Excelsior Hospital</u>   |                              | Length of stay in lb<br><u>51 yrs.</u>  | d. STREET ADDRESS (If outside, give location)<br><u>West Excelsior St.</u>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><u>Margaret Ann O'Dell</u>  |                              |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Jan. 13, 1958</u>  |  |   |
| 5. SEX<br><u>F</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>July 11, 1871</u>  | 9. AGE (In years last birthday)<br><u>86</u>   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Coffey, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |
| 13a. FATHER'S NAME<br><u>Henry Stith</u>   |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Brown</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Joseph O'Dell</u>                                  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                              | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br>Address<br><u>Mrs. Marie Woods Excelsior Springs, Mo.</u>  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchopneumonia bilateral</u>   |                              |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 days</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____   |                              |   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>491X</u>   |                              |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT. SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>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 <u>1-4-58</u> to <u>1-13-58</u> and last saw her alive on <u>1-12-58</u><br>Death occurred at <u>1-13-58 4:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                              |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>George C Sanders M-2</u>  |                              |   | 22b. ADDRESS<br><u>Excelsior Springs, Mo.</u>   |  | 22c. DATE SIGNED<br><u>1-13-58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>1-15-58</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>O'Dell Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Rural Excelsior Springs, Mo.</u> |   |
| 24. FUNERAL DIRECTOR<br><u>Prichard Funeral Home, Inc.</u><br>ADDRESS<br><u>Excelsior Springs, Missouri</u>  |                              | 25. DATE RECD. BY LOCAL REG.<br><u>1-26-58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Caroline Hutchings</u>  |  |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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

*Ralph Van Landingham*

Licensed Embalmer No. *4009*

P.O. Address *Spings*

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.