

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021249
State File No.

FILED JUN 16 1958

BIRTH NO. 7745-5-A REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 54

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| 1. PLACE OF DEATH a. COUNTY <u>Play County</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs Mo</u> | | c. LENGTH OF STAY (in this place) (If in hospital, give ward) <u>4 hrs</u> | c. CITY OR TOWN <u>Lawson</u> ⁰⁸⁹⁰ |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| STREET ADDRESS (If rural, give location) | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>TERESA LOUISE O'DELL</u> | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1958</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>May 30, 1958</u> | 9. AGE (In years last birthday) <u>4 yrs</u> | if UNDER 1 YEAR Months | if UNDER 24 HRS. Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTH PLACE (City and State or Foreign Country) <u>Excelsior Springs Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Clotus O'Dell</u> | 13b. MOTHER'S MAIDEN NAME <u>Constance Sue Greenlee</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Clotus O'Dell</u> | ADDRESS <u>Lawson Mo</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (19 wks)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>marginal separation of placenta</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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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) <u>7615</u> |
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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 30 May, 1958, to 30 May, 1958, that I last saw the deceased alive on 30 May, 1958, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>George E. Anderson M.D.</u> (Degree or title) | 23b. ADDRESS <u>Excelsior Springs, Mo. 6-3-58</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 31 '58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>6/3/58</u> | REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jerman</u> ADDRESS <u>Funeral Home, Lawson Mo</u> |
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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 ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lindell Jassman*.....

Licensed Embalmer No. *458*
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.