

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032050

STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 4278

300
1-57

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2501 E 52ND ST		Length of stay in lb 2.0 YRS.	d. STREET ADDRESS (If outside, give location) 2501 E 52ND ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Milford Odor			4. DATE OF DEATH Month Day Year SEPT 5 1958		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR 12, 1907		9. AGE (In years last birthday) IF UNDER 1 YEAR 51 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLRIGHT MACHINIST AMERICAN CAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ARLEY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Joseph A. Odor		13b. MOTHER'S MAIDEN NAME GERTRUDE SNOW		14. NAME OF HUSBAND OR WIFE LENA ODOR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-03-5526		17. INFORMANT Address MRS. LENA ODOR 2501 E 52ND ST	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the lung					INTERVAL BETWEEN ONSET AND DEATH About 10 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)					Fig 2+
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"/> 2
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 <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 Feb 28, 1958 to Sept 5, 1958 and last saw her alive on Sept 5, 1958 Death occurred at Sept 5, 1958 10:12 P.M. of the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Degree or title) John B. Wilshaw M.D.			22b. ADDRESS 2730-S. Mall Kansas City, Mo		22c. DATE SIGNED 9-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 8, 1958	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cem		23d. LOCATION (City, town, or county) (State) Clay County Mo
24. FUNERAL DIRECTOR ADDRESS D.W. Neukowicz Iowa N.K.C.		25. DATE RECD. BY LOCAL REG. 9-8-58		26. REGISTRAR'S SIGNATURE neva minshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
John B. Wilshaw



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 *Glenn H. Hill*

Licensed Embalmer No. *4586*
P. O. Address *K.C. 16. 40*

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.