

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037066
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 187 Primary Registration District No. 5694 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY Livingston		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 Chillicothe Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Excelsor Spgs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In Ambulance Hy. 86		Length of stay in lb 30 minutes	d. STREET ADDRESS (If outside, give location) 507 Grand Ave
3. NAME OF DECEASED (Type or print) First Middle Last Billy Gene Odell			4. DATE OF DEATH Month Day Year Nov. 8 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 2-22-1930
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist		10b. KIND OF BUSINESS OR INDUSTRY Printing	9. AGE (In years last birthday) 28
11. BIRTHPLACE (City and state or country) Ray Co Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Roscoe Odell		13b. MOTHER'S MAIDEN NAME Hildred Norris	14. NAME OF HUSBAND OR WIFE Geneva Odell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. 493-28-5252	17. INFORMANT Address Roscoe Odell Ethel Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contusion over R Lung + Heart			INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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"/>
20a. ACCIDENT <input checked="" 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.) Auto Accident - Highway 36 - Livingston County, Mo.		
20c. TIME OF INJURY Hour 5:30 a.m. Month, Day, Year Nov 8 - 58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Home to Home alive on Nov. 8 - 58 Death occurred at 6:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph A. Carver M.D.		22b. ADDRESS Chillicothe Mo	22c. DATE SIGNED Nov. 8 - 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-8-58	23c. NAME OF CEMETERY OR CREMATORY Bucklin	23d. LOCATION (City, town, or county) (State) Bucklin Mo.
24. FUNERAL DIRECTOR ADDRESS Keeny F. Home Chillicothe, Mo.		25. DATE RECD. BY LOCAL REG. 11-8-58	26. REGISTRAR'S SIGNATURE Frances B. Neill

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 1 1958

NOV 21 1958

NOV 25 1958

NOV 18 1958

NOV 18 1958

NOV 18 1958

NOV 18 1958

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 *Carl M. Keeney*

Licensed Embalmer No. *3517*
P. O. Address *Chillicothe*

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.