. Health,
& Welfare
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59–020716
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Hospital — Length of stay in 1b 14 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Excelsior Springs — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS RR# 2 (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First George Middle Balsher Last O'Dell
4. DATE OF DEATH Month May Day 21 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH April 15, 1878
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Ray County
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph O'Dell
13b. MOTHER'S MAIDEN NAME Mary Siegel
14. NAME OF HUSBAND OR WIFE Mary Etta Siegel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Mary Etta O'Dell Address RR#2 Excelsior Springs Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Toxemia from overwhelming infection — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gangrene of left leg — 2 weeks
DUE TO (c) Generalized Arteriosclerosis — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4501
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 May 6, 1959, to May 21, 1959 and last saw him alive on May 21, 1959
Death occurred at 3:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph L. Nicholson, M.D. (Degree or title)
22b. ADDRESS Excelsior Springs, Mo
22c. DATE SIGNED 5/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-23-1959
23c. NAME OF CEMETERY OR CREMATORY Siegel
23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.

24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. ADDRESS Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG. 6/11/59
26. REGISTRAR'S SIGNATURE Caroline Hutchings
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON-TYPEWRITE IF POSSIBLE

RECEIV
JUN 26
CLAY
HEALTH

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 Lindell Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs Mo.

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.