

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000730

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Registration District No. _____ Primary Registration District No. 4132 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holt		Length of stay in 1b Years	c. CITY OR TOWN Holt, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Holt, Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Andrew Michael Odor			4. DATE OF DEATH Month Day Year January 20, 1960		
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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 12-19-1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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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) Holt, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Gabriel T Odor	13b. MOTHER'S MAIDEN NAME Laura Holt	14. NAME OF HUSBAND OR WIFE Esther Farris
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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. None	17. INFORMANT Address Stanley Odor, Holt, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Natural Causes	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. L. Odor D.O.	22b. ADDRESS 1803 Main St. T.C.	22c. DATE SIGNED Mo
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-22-60	23c. NAME OF CEMETERY OR CREMATORY Antioch	23d. LOCATION (City, town, or county) (State) Holt, Mo
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24. FUNERAL DIRECTOR Fry Funeral Home, Kearney, Mo	25. DATE RECD. BY LOCAL REG. 1-22-60	26. REGISTRAR'S SIGNATURE Mabel Graham
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

