

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007734

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Filed in 232 Primary Registration District No. 581 Registrar's No. _____

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300 Rev. 4/59	DATE AMENDED	
0700		
0700		
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Middletown		Length of stay in 1b	c. CITY OR TOWN Middletown Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi S.E.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 mi. S.E. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Susan Lavado Oden			4. DATE OF DEATH Month Day Year Feb. 20, 1963
5. SEX Female	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 June 4, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (last birthday) 81 IF UNDER 1 YEAR Months Days Hours Min. 8 16
11. BIRTHPLACE (City and state or country) Middletown, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Fitzgerald		13b. MOTHER'S MAIDEN NAME Katherine Dew	14. NAME OF HUSBAND OR WIFE Neal Oden
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. _____	
17. INFORMANT Katie Gibson, Middletown, Mo		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease with edema			INTERVAL BETWEEN ONSET AND DEATH Several years
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)			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
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.)	
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
21. I attended the deceased from 8-17-55 to 2-20-63 and last saw her ^{him} alive on 2-2-63 Death occurred at about 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Wellsville, Missouri	22c. DATE SIGNED 2-21-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 22, 1963	23c. NAME OF CEMETERY OR CREMATORY Fairmount	23d. LOCATION (City, town, or county) Middletown, Mo (State)
24. FUNERAL DIRECTOR Pritchett-Myers Middletown, Mo.		25. DATE RECD. BY LOCAL REG. 2/23/63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

FEB 27 1963

FILED FEB 27 1963

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 S. Puckett

Licensed Embalmer No. 3189

P. O. Address Mexico 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.