

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011156
STATE FILE NUMBER

FILED APR 8 1958
Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 28

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890

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> (0890)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Rayville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mile East Rayville</u>		Length of stay in lb <u>20 years</u>	d. STREET ADDRESS (If outside, give location) <u>1/2 mile East Rayville</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Benjamin Franklin Odell</u>			4. DATE OF DEATH Month Day Year <u>March 25, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 10, 1880</u>		9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. <u>77 8 15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (City and state or country) <u>Evolution Springs Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>David Odell</u>		13b. MOTHER'S MAIDEN NAME <u>Perry Branch</u>		NAME OF HUSBAND OR WIFE <u>None</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs. Jane Wood Rayville, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>INST.</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last, DUE TO (b) <u>' '</u>					
DUE TO (c) <u>ART C-10 - Sclerosis.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <u>3-25-58</u> and last saw him alive on <u>3-20-58</u> Death occurred at <u>Rayville</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>C. G. Fay M.D.</u>			22b. ADDRESS <u>Richmond</u>		22c. DATE SIGNED <u>3-29-58</u>

23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Burial</u>		23b. DATE <u>March 29, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old New Garden</u>		23d. LOCATION (City, town, or country) (State) <u>Ray County Missouri</u>
24. FUNERAL DIRECTOR <u>West-Rike Funeral Home</u> ADDRESS <u>Richmond, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>4-2-1958</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

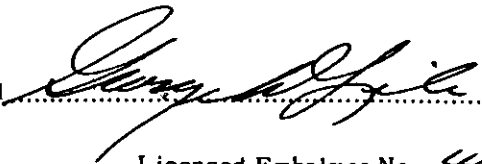
Doctor, coroner, etc. must use only standard nomenclature in item 18 - no symptoms with no cause related. All diseases in Part I must be causally related.

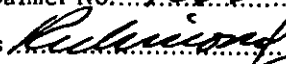
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STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4066
P. O. Address 

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.