

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26408

State File No. _____

Registration District No. 852Primary Registration District No. 6121

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Sullivan
(b) City or town Cora, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME ODETTA LEE BAUSELL8. (b) If veteran, _____ 3. (c) Social Security
name war. _____ No. _____4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married,
divorced Single6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased May 7 1923
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
18 3 17 hr. min.9. Birthplace Cora Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Otha Lloyd Bausell
13. Birthplace Cora, Mo
(City, town, or county) (State or foreign country)14. Maiden name Marie Norman
15. Birthplace Roger Mo
(City, town, or county) (State or foreign country)16. (a) Informant Lin Belle Norman
(b) Address Trach, Mo17. (a) Burial (b) Date thereof 8-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation White Oak18. (a) Signature of funeral director A. J. Lewis(b) Address Brown, Mo19. (a) Aug 26 1941 (b) Cleo Hargan
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Sullivan
(c) City or town Cora, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1941 hour 5 minute A.M.21. I hereby certify that I attended the deceased from January
1937 to July 1941that I last saw her alive on July
and that death occurred on the date and hour stated above.Immediate cause of death Acute Myocarditis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____23. Signature Quinn K. Barker (M. D. or other) 2
Address Sullivan Mo Date signed 8/25/41

AUG 27 1941

AUG 27 1941

RECEIVED

District Health Officer No. 10

District File Number 8-41-1600

Date Filed AUG 26 1941

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

Dwight Schauer, Registered Apprentice No. _____
working under my personal supervision.

Signed

Licensed Embalmer No. 2667

P. O. Address Milan 70

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.