S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11978

Registration District No. 73 Primary Registration District No. 4153 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Dade (b) City or town Lockwood Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lockwood Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six Days (Specify whether
In this community five years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade
(c) City or town Lockwood
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Estella Eunice Odell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claud Odell
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May (Month) 8 (Day) 1879 (Year)
8. AGE: Years 69 Months 2 Days 9 If less than one day hr. min.
9. Birthplace Wichita (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name J. A. Van Landingham
13. Birthplace North Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Frances Hunsaker
15. Birthplace Ill (City, town, or county) (State or foreign country)
16. (a) Informant Claud Odell
(b) Address Lockwood, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lockwood, Mo
18. (a) Signature of funeral director E. Ray Caldwell
(b) Address Lockwood, Mo
19. (a) 3-22-48 (Date received local registrar) Grace Weir (Registrar's signature) 79

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1948 hour 7 minute 30 a.m.
21. I hereby certify that I attended the deceased from 3-11, 1948 to 3-17, 1948 that I last saw her alive on March 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death FRACTURE LEFT HOMERUS, NUMEROUS CONTUSSIONS	
Due to FALL AS DESCRIBED BELOW	
Due to	
Other conditions DIABETES MELLITUS, ARTERIOSCLEROSIS (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide or homicide~~ (specify) DUE to FALL 029
(b) Date of occurrence March 11-1948
(c) Where did injury occur? LOCKWOOD (City or town) DADE (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME ON ICEY PORCH (Specify type of place)
While at work? ON WAY TO NEIGHBORS (e) Means of Injury 0
23. Signature Frank H. Brown (M. D. ~~or other~~)
Address Lockwood Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 448-347
Date Filed MAR 16 1948

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 George Newcomb, Registered Apprentice No. 30, working under my personal supervision.

Signed E. Ray Caldwell
Licensed Embalmer No. 3380
P. O. Address Lockwood, 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 this body is not embalmed, fact should be so stated above.