

FILED MAR 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8992

Registrar's No. 22

BIRTH NO.		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 22	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY LA FAYETTE		b. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON		a. STATE MISSOURI		b. COUNTY LA FAYETTE	
c. CITY OR TOWN LEXINGTON		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON		d. STREET ADDRESS (If rural, give location) IRISH TOWN HILL	
d. FULL NAME OF HOSPITAL OR INSTITUTION IRISH TOWN HILL				d. STREET ADDRESS (If rural, give location) IRISH TOWN HILL			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) JOHN		b. (Middle) WARREN		c. (Last) O'DONNELL		6. DATE OF BIRTH 2/6/1949	
7. MARIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY?	
MAILED		WHITE		WIDOWED		2	
9. AGE (In years last birthday) 94		10. MONTHS 4		11. BIRTHPLACE (State or foreign country) CARROLL CO. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) CARROLL CO. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME SUSIE HARDWICK		14. NAME OF HUSBAND OR WIFE NOT KNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
				CLAUDE O'DONNELL		LEX. MO	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric inability to digest. starvation					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) old age. Heart failure					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		54	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 9, 1947, to Feb 6, 1949, that I last saw the deceased alive on Feb 6, 1949, and that death occurred at <u>IRISH TOWN HILL</u> ; from the causes and on the date stated above.							
23a. SIGNATURE J.O. Code M.D. U				23b. ADDRESS Lexington Mo		23c. DATE SIGNED Feb 7 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/8/1949		24c. NAME OF CEMETERY OR CREMATORY MACH DELAB		24d. LOCATION (City, town, or county) (State) LEXINGTON, MO.	
DATE REC'D BY LOCAL REG. 2/17/49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE FORREST F TEMPLE		ADDRESS LEX. MO.	

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.4854  
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number 3

Date Filed 3-24-49

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Lio. McKeon

Licensed Embalmer No. 2983

P. O. Address Leerington Ave

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.