

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19715
2489

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI				b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				c. LENGTH OF STAY (In this place) 42 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 1215 Independence Avenue						
3. NAME OF DECEASED (Type or Print) a. (First) LIZZIE			b. (Middle) ODUM			c. (Last) ODUM			4. DATE OF DEATH (Month) (Day) (Year) JUNE 4 1949	
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DECEMBER 25, 1875		9. AGE (In years last birthday) Months Days 73		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BILLINGS, MONTANA		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME HORSE WAR			13b. MOTHER'S MAIDEN NAME ROSE SEE			14. NAME OF HUSBAND OR WIFE unknown				
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPHINE MORRIS 1215 Independence Ave.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALOMALACIA WITH CYSTIC DEGENERATION & RECENT HEMORRHAGE ANTECEDENT CAUSES DUE TO (b) CEREBRAL ARTERIOSCLEROSIS <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 334 A						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)						
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 <u>5/13/49</u> , 19 <u>49</u> to <u>6/4/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/13/49</u> , 19 <u>49</u> and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE OF REGISTRAR Frank Ellis M. (Degree or title)				23b. ADDRESS Gen. Hosp. # 2				23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/18/49		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem.		24d. LOCATION (City, town, or county) (State) K.C. Mo.				
DATE REC'D BY LOCAL REG. 6-8-49		REGISTRAR'S SIGNATURE Sheldine Holmes				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Steubing Bills 1212 Pine K.C. Mo.				

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

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
Student Embalmer

Student Embalmer No.

Signed

E. Sterling Bell

Licensed Embalmer No.

3178

P. O. Address

1212 Olive

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.