FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20509

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4406 Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Houstonia
c. LENGTH OF STAY (in this place): 25 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At his Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Houstonia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) David c. (Last) Odil

4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Sept 27, 1879
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Parkersburg Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James W Odil
13b. MOTHER'S MAIDEN NAME: Katherine Attiburg
14. NAME OF HUSBAND OR WIFE: Alma Pearl Odil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 500-10-5893
17. INFORMANT'S SIGNATURE OR NAME: Alma Pearl Odil — ADDRESS: Houstonia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4500

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 4 1949 *to* June 5, 1949, *that I last saw the deceased alive on* June 5, 1949, *and that death occurred at* 10 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph P. Doyle M.D.
23b. ADDRESS: Sweet Springs, Mo
23c. DATE SIGNED: 6-7-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-9-49
24c. NAME OF CEMETERY OR CREMATORY: Pisgah
24d. LOCATION (City, town, or county) (State): Pisgah Mo

DATE REC'D BY LOCAL REG.: 6-13-49
REGISTRAR'S SIGNATURE: Betty Yeager Deputy
251
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Westbrook Houstonia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 20
District Health Officer No. 8,

District File Number.....

Date Filed 6-21-49

JAN 31 1951

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3987

P. O. Address [illegible] Hous

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

If this body is not embalmed, fact should be so stated above.