

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22219

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Marshall)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (In this place) 15 years		d. STREET ADDRESS (If rural, give location) 459 South English	
d. FULL NAME OF HOSPITAL OR INSTITUTION 459 South English			

3. NAME OF DECEASED (Type or Print) a. (First) Mollie b. (Middle) Odell c. (Last) Doan			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1949.		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 11, 1863		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 5 Days 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Saline County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Odell		13b. MOTHER'S MAIDEN NAME Evelyn Englehart		14. NAME OF HUSBAND OR WIFE -----	
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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 Mrs M.D. Doan, Marshall, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Disease				5 yrs	
		DUE TO (c) -----					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 **June 10, 1949**, to **July 1, 1949**, that I last saw the deceased alive on **July 1, 1949** and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert Kennedy MD (Degree or title)		23b. ADDRESS Marshall Mo		23c. DATE SIGNED 7-2-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 4, 1949		24c. NAME OF CEMETERY OR CREMATORY Ridge Park		24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
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DATE REC'D BY LOCAL REG. July 3, 1949		REGISTRAR'S SIGNATURE Sidney T. Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles Lewis, Marshall Mo	
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(Licensed Embalmer's Statement on Reverse Side) By **Ken H. Lewis**

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

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-14-49

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 _____

Student Embalmer No. 263

working under my personal supervision.

Signed James H. Lewis
Student Embalmer

Signed James H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall - 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.