

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8906  
1138

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>5303 RIDGEWAY 0480X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>TURNER</u> b. (Middle) <u>Overton</u> c. (Last) <u>ODELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR-9-1950</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR-15-1893</u>	9. AGE (In years last birthday) <u>56 YEARS</u>	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) <u>COAL DEALER-OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL COAL INDUSTRY</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CLARENCE T. ODELL</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE SCHNECKENBURGER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. VIVIAN V. ODELL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>486-01-7201</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vivian V. Odell</u>			ADDRESS <u>5303 RIDGEWAY KANSAS CITY, MO.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.						
MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (lobar)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u>					<u>10 yrs</u>	
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 <u>490K</u>				
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) (Min.)		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>June 1, 1949</u> , to <u>March 9, 1950</u> , that I last saw the deceased alive on <u>March 9, 1950</u> , and that death occurred at <u>9:45 P. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Inscribed or title) <u>D. M. Eubank M.D.</u>			23b. ADDRESS <u>Raytown, Mo.</u>		23c. DATE SIGNED <u>3-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 13 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-11-50</u>		REGISTRAR'S SIGNATURE <u>Eraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newman's Sons</u>		
				ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>		

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

APR 20 1950

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

*Jess T. News*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.