

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14272

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River 0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hosp.		d. STREET ADDRESS (If rural, give location) Bonne Terre, Mo.	
3. NAME OF DECEASED a. (First) Landon		b. (Middle) Dewey	c. (Last) Oder, Jr.
4. DATE OF DEATH April 8, 1950		5. SEX Male 0	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 5, 1924		9. AGE (In years last birthday) 25	10. IF UNDER 1 YEAR Days 8
11. BIRTHPLACE (State or foreign country) Flat River, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. IF UNDER 24 HRS. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Company		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Landon Oder Sr.		13b. MOTHER'S MAIDEN NAME Mary Ervin	
14. NAME OF HUSBAND OR WIFE Alice Calahan Oder		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I.	
16. SOCIAL SECURITY NO. 499-308508		17. INFORMANT'S SIGNATURE OR NAME Landon Oder, Sr. ADDRESS	
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) Skull fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple contusions Laceration of scalp	
19a. DATE OF OPERATION 4-7-50		19b. MAJOR FINDINGS OF OPERATION Abnormalities 094	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 13 hours 28 194 31 13 hours	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Evins St. Francois Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 7 1950 P.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? While riding motorcycle through concrete culvert	
22. I hereby certify that I attended the deceased from 4-7 , 1950, to 4-8 , 1950, that I last saw the deceased alive on 4-7 , 1950 and that death occurred at 5:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Van W. Taylor, Jr. (Degree or title) Dr.		23b. ADDRESS Bonne Terre Mo	
23c. DATE SIGNED 4-8-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-10-1950		24c. NAME OF CEMETERY OR CREMATORY Wood Lawn Cem.	
24d. LOCATION (City, town, or county) (State) Flat River, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE James Turner ADDRESS Home	
DATE REC'D BY LOCAL REG. Apr 13, 1950		REGISTRAR'S SIGNATURE Esther Rudloff 789	

(Licensed Embalmer's Statement on Reverse Side) Flat River, MO

MAY 25 1950

MAY 2 1950

RECEIVED

APR 17 1950

DISTRICT HEALTH OFFICE, No. 4

File No. 450-57

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.

Student _____
Student Embalmer

Signed Murphy L. Parks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.