No. 300
10-48

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

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26102

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 985

117
0

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan 117
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0
d. STREET ADDRESS (If rural, give location): 219 Ohio

3. NAME OF DECEASED (Type or Print)
a. (First): Rex
b. (Middle): B
c. (Last): O'Dell

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1950

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: June 25, 1902
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 2, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Nursing Home
11. BIRTHPLACE (State or foreign country): Fontanelle, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Albert E. O'Dell
13b. MOTHER'S MAIDEN NAME: Grace B. Miller
14. NAME OF HUSBAND OR WIFE: Virginia O'Dell

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.: 491-10-8432
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Grace O'Dell
ADDRESS: 219 Ohio Ave.

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) Terminal Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) XXXXXXXXXX
DUE TO (c) XXXXXXXXXX — 5811

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver — 5 yrs.
Alcoholism 10 yrs. Malnutrition Unknown

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

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): XXXXXXXX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXXXXXXX
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XXXXXXXXXXXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XXXXXXXXXX m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: XXXXXXXXXXX

22. *I hereby certify that I attended the deceased from* Aug., 22, 19 50 *to* Aug., 25, 19 50, *that I last saw the deceased alive on* Aug., 24, 19 50 *and that death occurred at* 4:45 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] **(Degree or title)**: MD
23b. ADDRESS: Kirkpatrick Building, St. Joseph, Missouri
23c. DATE SIGNED: 8-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 28, 1950
24c. NAME OF CEMETERY OR CREMATORY: Fontanelle Cem
24d. LOCATION (City, town, or county) (State): Fontanelle, Iowa.

DATE REC'D BY LOCAL REG.: Sept. 2, 1950
REGISTRAR'S SIGNATURE: [signature] 382
25. FUNERAL DIRECTOR'S SIGNATURE: [signature]
ADDRESS: 200 Illinois Ave

(Licensed Embalmer's Statement on Reverse Side)

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 Earl A. Clark

Signed _____
Student Embalmer

Licensed Embalmer No. 4738

P. O. Address St. Joseph 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.