

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27768

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 271			
1. PLACE OF DEATH a. COUNTY <i>Pitts</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i>				b. COUNTY <i>Pitts</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Adalia</i>		c. LENGTH OF STAY (In this place) <i>4 1/2 da</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Houstonia</i>		0800			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Bothwell Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>aug 10 50</i>					
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Alma</i>		b. (Middle) <i>Pearl</i>		c. (Last) <i>Odin</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 10 1950</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>		8. DATE OF BIRTH <i>Oct 31 1897</i>		9. AGE (In years last birthday) <i>52</i> 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) <i>house keeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>Benton Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>			
13a. FATHER'S NAME <i>Joseph Andrew</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah A. Karboord</i>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>John C. Odell</i>		ADDRESS <i>Houstonia Mo</i>			
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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis Chronic</i>							
		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. <i>Cardiac hypertrophy - Pulmonary edema</i>						4-222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <i>June 30</i> , 1950, to <i>Aug 10</i> , 1950, that I last saw the deceased alive on <i>Aug 10</i> , 1950, and that death occurred at <i>11:55 P.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Clas Gordon Langfuch M.D.</i>						23b. ADDRESS <i>Adalia Mo</i>		23c. DATE SIGNED <i>8-11-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>8-13-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Piggash</i>		24d. LOCATION (City, town, or county) (State) <i>Piggash Mo</i>			
DATE REC'D BY LOCAL REG. <i>8-13-1950</i>		REGISTRAR'S SIGNATURE <i>W. Campbell</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter H. ...</i>		ADDRESS <i>Houstonia Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8/2/57  
DISTRICT HEALTH OFFICE NO. 3  
District File Number  
Date Filed 8/2/57

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.

Signed W. Smiley

Signed.....  
Student Embalmer

Licensed Embalmer No. 3987

P. O. Address Houston

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.