

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31255**

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>5809</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Dennis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Dennis</u>			
b. CITY OR TOWN <u>Rural Little prairie</u>		c. LENGTH OF STAY (In this place) <u>16 yrs.</u>		c. CITY OR TOWN <u>Rural Little prairie</u>		07/05	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Only 1/2 mile south of center</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 mi. S of Caruthersville</u>			
3. NAME OF DECEASED (Type or Print) <u>OCUS</u>			a. (First) <u>O</u>	b. (Middle) <u>A</u>	c. (Last) <u>ODLE</u>	4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>18</u> (Year) <u>1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct-9-1872</u>	
9. AGE (In years) <u>77</u>		If UNDER 1 YEAR <u>11</u> Months <u>14</u> Days		If UNDER 24 HRS. <u>14</u> Hours <u>14</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Halladay Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Bois Odle</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Harrison</u>	
14. NAME OF HUSBAND OR WIFE <u>Ally Odle</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. P. J. Dodd</u>				17. ADDRESS <u>Caruthersville, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>Sept 15, 1950</u> , to <u>Sept 18, 1950</u> , that I last saw the deceased alive on <u>Sept 17, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>P. J. Dodd</u>				23b. ADDRESS <u>Caruthersville Mo</u>		23c. DATE SIGNED <u>9/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie</u>		24d. LOCATION (City, town, or township) (State) <u>Caruthersville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-27-1950</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Nieke</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>La Forge</u>		ADDRESS <u>Und. Co. Caruthersville Mo.</u>	

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

280

9-50-259

SEP 29 1950

D. B. Beecher, M. D.,  
Wemiscot County Health Department,  
Caruthersville, Missouri

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

*Paul A. Moon*

Licensed Embalmer No. *4636*

P. O. Address

*Caruthersville*

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.