

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

0870 37181
State File No. 4760
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond - Rural - Richmond Twp.</u>	
c. LENGTH OF STAY (If this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>10 mi West of Richmond Hwy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCHIE</u> b. (Middle) <u>EDWIN</u> c. (Last) <u>O'DELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 12, 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>Nov., 27, 1883</u>
9. AGE (In years last birthday) <u>.667</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		9	

13a. FATHER'S NAME <u>Preston O'dell</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Eliza Couch</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Irene O'Dell</u> <u>Richmond MO.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene O'Dell, Richmond, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis</u> DUE TO (c) <u>Phlebotrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
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19a. DATE OF OPERATION <u>11-12-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Phlebotrombosis of rt. femoral vein</u>		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)		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 11-12, 1950 to 11-12, 1950, that I last saw the deceased alive on 11-12, 1950 and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Gope</u> by <u>R.B. Crowder</u> (Degree or MD)		23b. ADDRESS <u>1612 Professional Bldg.</u>		23c. DATE SIGNED <u>11-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 12 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond MO.</u>					

DATE REC'D BY LOCAL REG. <u>11-12-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>West-Nile Funeral Home</u> ADDRESS <u>Richmond, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

A. C. Kicherson

Licensed Embalmer No. *4792*

P. O. Address *Richmond, 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.