

S. No. 300
V. 10.48

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. R. Wood
State File No. 4494

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 119-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>?</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Marvin</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Odom</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 1900</u>	9. AGE (In years) (Month) (Day) (Year) <u>51</u>	10. USUAL OCCUPATION (Give kind of work done during most of previous life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Eldridge, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of previous life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Varied</u>	11. BIRTHPLACE (State or foreign country) <u>Eldridge, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Benjamin Odom</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.L. Odom</u>	ADDRESS <u>Lebanon, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock, severe, secondary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hr</u> <u>25</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture, compound, comminuted, tibia & fibula, left</u>		
	DUE TO (c) <u>Fracture, humerus, right, upper third</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Fracture tibia, right, upper third</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SLIP</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>College St</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 12 51 72</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by automobile</u>
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22. I hereby certify that I attended the deceased from 2/12, 1951 to 2/13, 1951, that I last saw the deceased alive on 2/13, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William Wood</u> (Degree or title)	23b. ADDRESS <u>205 St. Louis St</u>	23c. DATE SIGNED <u>2/16/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eldridge</u>	24d. LOCATION (City, town, or county) (State) <u>Eldridge, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-19-51</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u>	ADDRESS <u>Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0296
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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

Lucien J. Swadley

Licensed Embalmer No. *48157*

P. O. Address *Springfield*

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.