

FILED JAN 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41763

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>5654</u>
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>Jackson</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>Kansas City</u>		
c. LENGTH OF STAY (In this place) <u>8yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2300 Flora</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident Hosp.</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>	b. (Middle)	c. (Last) <u>ODOM</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>Dec. 25. 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 18, 1915</u>	9. AGE (In years last birthday) <u>36</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Const. laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Plummerville, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Carl Odom</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Lambert</u>	14. NAME OF HUSBAND OR WIFE <u>Tecumseh</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>431-22-4661</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Odom-Plummerville, Ark.</u>		
18. NO OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Edema, Hyperemia of Lungs & Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (a) <u>Hemorrhage into Spinal Cord-4th. Nerve root.</u>		DUE TO (b) <u>Fracture of 4th. cervical vertebra-9000</u>		
II. OTHER SIGNIFICANT CONDITIONS (Spinous process & dorsal arch)		Conditions contributing to the death but not related to the disease or condition causing death. <u>Perforation of esophagus (proximal to</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>cardia) - Possibly postmortum change</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Residence 1818 Broad</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-21-51</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell down stairs 170</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, (and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Type or Print) <u>Thos. A. Jones</u>		23b. ADDRESS <u>1612 E. 12th. St.</u>	23c. DATE SIGNED <u>12/29/51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Morrilton, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>12-29-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Sterling Bills</u>		ADDRESS <u>1212 Vine</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. Sterling Belle

Licensed Embalmer No. 3178

Signed.....
Student Embalmer

P. O. Address 1212 Vine, Kansas City

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.

12/10/52