No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39312

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 109

540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ¼ Southeast of Lexington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 0546
d. STREET ADDRESS (If rural, give location): ¼ Mile Southeast of Lexington

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) PORTER c. (Last) O'DONIEL

4. DATE OF DEATH (Month) (Day) (Year): November 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 22, 1875
9. AGE (In years last birthday): 77 — If under 1 year: Months 6, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Crop farming
11. BIRTHPLACE (City and State or Foreign Country): Dover, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: David O'Doniel
13b. MOTHER'S MAIDEN NAME: Susan Iles
14. NAME OF HUSBAND OR WIFE: Addie E. Raynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: David O'Doniel, Lexington, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease & congestive failure. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Feb, 1952, *to* 10 Nov, 1952, *that I last saw the deceased alive on* 10 NW 52, 19___, *and that death occurred at* 6:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jacob Wardon
23b. ADDRESS: Lexington, Mo
23c. DATE SIGNED: 28 NW 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Machpelah
24d. LOCATION (City, town, or county) (State): Lexington, Missouri.

DATE REC'D BY LOCAL REG.: 11-30-52
REGISTRAR'S SIGNATURE: Minnie E Eastahooks 156-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Forrest F. Tempel Lexington Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. McKean

Licensed Embalmer No. 2963

P. O. Address Lethbridge, Alberta

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.