

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

701

State File No.

FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 6289 Registrar's No. 4

6200
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Claycomo</u> <i>GALLATI</i> township) c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Claycomo</u> <i>6000</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>242 Park</u>		d. STREET ADDRESS (If rural, give location) <u>242 Park</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u>	b. (Middle) <u>Odell</u>	c. (Last) <u>Hinds</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Dec. 4, 1918</u>	9. AGE (In years last birthday) <u>34</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MTH. Hours	# UNDER 1 MTH. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Excelsior Springs, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Bert Odell</u>	13b. MOTHER'S MAIDEN NAME <u>Janie Odell</u>	14. NAME OF HUSBAND OR WIFE <u>Arlo Hinds</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-18-7190</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. T. C. Butler</u>	ADDRESS <u>Excelsior Springs, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bullet wound through chest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>entering neck:</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E981X</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 SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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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 <u>Dr. Pate M.D. Coroner</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>North Kansas City Mo.</u>	23c. DATE SIGNED <u>1/6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-8-53</u>	REGISTRAR'S SIGNATURE <u>Beverly Kitchener</u> <u>63</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lytle Park Funeral Home</u>	ADDRESS <u>Liberty, Mo.</u>
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RECEIVED
APR 9 1953

APR 15 1953

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 John Pasley

Licensed Embalmer No. 4308

P. O. Address Liberty 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.