

FILED FEB 21 1953

STANDARD CERTIFICATE OF DEATH

State File No. **5195**

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **3013** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORTH KANSAS CITY		c. LENGTH OF STAY (in this place) 6 YRS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1219 E. 22ND AVE		d. STREET ADDRESS (If rural, give location) 1219 E. 22ND AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) Freida b. (Middle) MARTHA c. (Last) O'Dell			4. DATE OF DEATH (Month) (Day) (Year) Feb 11 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY 12, 1896		9. AGE (In years last birthday) 56		10. MONTHS 6 DAYS 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) UNDERWOOD, MINN!
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME UNKNOWN Thompson		13b. MOTHER'S MAIDEN NAME UNKNOWN Shulks Nieder		14. NAME OF HUSBAND OR WIFE LEONARD O'Dell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leonard O'Dell ADDRESS 1219 E 22nd Ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 30 min.
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus			15 yrs
		DUE TO (c) Arteriosclerosis			indefinite
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Other, ch. alcohol psychomotor, Residual myocardial infarction			8 yrs

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min)		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 **Feb 11, 1953**, to **Feb 11, 1953**, that I last saw the deceased alive on **Feb 10, 1953**, and that death occurred at **6:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert W. Hedger (Degree or title) MD		23b. ADDRESS 329 E. Curran St, No. 4000		23c. DATE SIGNED FEB 13 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 13-53		24c. NAME OF CEMETERY OR CREMATORY White Chapel M. G.	
				24d. LOCATION (City, town, or county) (State) CLAY Co. Mo.	

DATE REC'D BY LOCAL REG. 2-13-53		REGISTRAR'S SIGNATURE Beverly Kitchener		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS N.K.C. Mo	
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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

Glenn H. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K.C. 16, 220.

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.