

ED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8879

396

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 629 No. 9th St.				d. STREET ADDRESS (If rural, give location) 629 No. 9th St.			
3. NAME OF DECEASED (Type or Print) RAY		a. (First) RAY		b. (Middle) J.		c. (Last) ODER	
4. DATE OF DEATH (Month) (Day) (Year) March 25 1953		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	
8. DATE OF BIRTH Aug. 24 1907		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (State or foreign country) Cainsville Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Joseph Oder		13b. MOTHER'S MAIDEN NAME Ester Moon		14. NAME OF HUSBAND OR WIFE Ruey Oder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-09-3877		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Oder Cainsville Missouri			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Man died suddenly II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. at his home, without a history of recent serious illness or disability				INTERVAL BETWEEN ONSET AND DEATH 1 day 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)		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 on ^{Winged} on 3/26, 1953 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 Pm., from the causes and on the date stated above.							
23a. SIGNATURE H F Mundy M.D. (Coroner)				23b. ADDRESS St Joseph, Mo.		23c. DATE SIGNED 3/26/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 31 1953		24c. NAME OF CEMETERY OR CREMATORY Cainsville Cemetery		24d. LOCATION (City, town, or county) (State) Cainsville Missouri	
DATE REC'D BY LOCAL REG. April 3, 1953		REGISTRAR'S SIGNATURE Kathleen M. Allison		4850		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph No.	

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 Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 14677

P. O. Address St. Joseph 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.