

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11523**

| | | | | | | | | |
|--|--|--|------------|--|-------------|---|----------------------------|--|
| BIRTH NO. | | REG. DIST. NO. 71 | | PRIMARY REG. DIST. NO. 3012 | | Registrar's No. 44 | | |
| 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 Excelsior Springs | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs | | 6002 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 617 Henrie Street | | | | d. STREET ADDRESS (If rural, give location) 617 Henrie Street | | | | |
| 3. NAME OF DECEASED (Type or Print) ESTEL | | | a. (First) | | b. (Middle) | | c. (Last) O'DELL | |
| 4. DATE OF DEATH April 4, 1954 | | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 9. AGE (in years last birthday) 64 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 8. DATE OF BIRTH April 29, 1889 | | IF UNDER 1 YEAR Months Days | | |
| IF UNDER 1 YEAR Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Missouri | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME William O'Dell | | 13b. MOTHER'S MAIDEN NAME Mary Frances Roe | | 14. NAME OF HUSBAND OR WIFE Nora O'Dell | | |
| 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. 494-30-7192 | | 17. INFORMANT'S SIGNATURE AND ADDRESS Nora O'Dell, 617 Henrie Street, Excelsior Springs 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days 10 years | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331 X | | | | 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) m. | | 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 1-23, 1954 , to 4-4, 1954 , that I last saw the deceased alive on 4-4, 1954 , and that death occurred at 6 A.M. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <i>Oliver P. Robinson</i> | | | | 23b. ADDRESS Excelsior Springs, Mo. | | 23c. DATE SIGNED 4/6/54 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4-6-54 | | 24c. NAME OF CEMETERY OR CREMATORY Old New Garden | | 24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo. | | |
| DATE REC'D BY LOCAL REG. 4-7-54 | | REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i> | | FUNERAL DIRECTOR'S SIGNATURE <i>Claude Richard</i> | | ADDRESS Excelsior Springs Mo. | | |

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

APR 4

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 Lincoln K. Jarman

Licensed Embalmer No. 4589

P. O. Address Exclusion Springs

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.