

FILED MAY 19 1954

STANDARD CERTIFICATE OF DEATH

16886

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5943</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Spring Creek</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY OR TOWN Flat (<u>Rural</u>)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: County Road "T" - Flat				e. STREET ADDRESS (If rural, give location) County Road "T" - Flat <u>0810</u>			
3. NAME OF DECEASED (Type or Print) a. (First) ELIAS		b. (Middle) ABRAHAM		c. (Last) O'DELL		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1954	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 16, 1878</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John O'Dell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bonn</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie O'Dell</u>		ADDRESS <u>Flat. No.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral sclerosis, hypertensive nephritis</u> DUE TO (c) <u>Senility</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>3 or 4 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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 <u>Dec</u> , 19 <u>53</u> , to <u>May 7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 5, 1954</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard C. Myers M.D.</u>				23b. ADDRESS <u>Newburg, Mo.</u>		23c. DATE SIGNED <u>May 7, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>James Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 12, 1954</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Null & Sons Funeral Home Rolla, Mo.</u>	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul E. [unclear]*

Licensed Embalmer No..... *449*

P. O. Address..... *Rolla,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.