

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1403

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Blue</b>		c. LENGTH OF STAY (in this place) <b>0</b>	c. CITY OR TOWN <b>Independence Rural No. 4</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>49th &amp; Phelps Rd. R. R. # 4</b>		. STREET ADDRESS (If rural, give location) <b>49th &amp; Phelps Rd. 7000</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lettie</b>		b. (Middle) <b>Odom</b>	
c. (Last) <b>Odom</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 1 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 7 1889</b>
9. AGE (In years last birthday) <b>65 Yrs.</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>John L. Wesley</b>	
13b. MOTHER'S MAIDEN NAME <b>Tarrie Hoyt</b>		14. NAME OF HUSBAND OR WIFE <b>Arthur Elvin Odom - Husband (dec)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Audrey Thomas</b>		ADDRESS <b>- 10501 E. 27th Street</b>	
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) <b>Cardiac Failure Heart Disease</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Carcinoma of Sigmoid Colon</b>	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Discovered Oct 29-54	
19a. DATE OF OPERATION <b>Nov 4-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Sigmoid Colon</b>	
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 from <b>Dec 28</b> , 19 <b>48</b> , to <b>Feb 1</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Jan 30</b> , 19 <b>55</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Edward A. Samuelson</b>		23b. ADDRESS (Degree or title) <b>M D O 2603 E 31 K C Mo</b>	
23c. DATE SIGNED <b>Feb 1-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 2 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-2-55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>FLORAL HILLS MEMORIAL CHAPELS INC, K. C. MO</b>	

(Licensed Embalmer, Statement on Reverse Side)

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 *Lloyd C McLeod*.....

Licensed Embalmer No. *485*.....

P. O. Address *T. C.*.....

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.