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FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14797

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4056 Registrar's No. 309

1. PLACE OF DEATH  
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Butler  
c. CITY OR TOWN Fisk

d. FULL NAME OF HOSPITAL OR INSTITUTION Home  
STREET ADDRESS Home 0120

3. NAME OF DECEASED  
a. (First) Mary b. (Middle) Elizabeth c. (Last) Odam  
4. DATE OF DEATH (Month) (Day) (Year) May 12, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH Sept 3, 1880  
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Home Keeping 11. BIRTHPLACE (City and State or Foreign Country) Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Abram Rowley 13b. MOTHER'S M maiden name Nancy Thompson 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Brothers Fisk, Mo. ADDRESS Fisk, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute cardiac decompensation 12 hrs.  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) Myocarditis chronic 6 yrs.  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) Hypertension 10 yrs.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Apoplexy 2 1/2 yrs.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 443 X 20. AUTOPSY YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1953 to 12 May, 1955, that I last saw the deceased alive on 12 May, 1955, and that death occurred at 7:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED  
Cynthia G. Post M.D. Cooper, Bluff, Mo. 13 May 55

24a. BURIAL, CREMATION, OR REMOVAL (Specify) 24b. DATE May 15, 1955 24c. NAME OF CEMETERY OR CREMATORY Ashhill Cemetery 24d. LOCATION (City, town, or county) (State) Ashhill, Missouri

DATE REC'D BY LOCAL REG. 5/19/55 REGISTERAR'S SIGNATURE R. H. Muehl 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home Fisk, Mo.

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

RECEIVED  
MAY 23 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 *Raymond L. Siffert*

Licensed Embalmer No. *47*

P. O. Address *Bermuda*

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.