

STANDARD CERTIFICATE OF DEATH

State File No. 19445

FILED JUN 27 1955

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 180

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| 1. PLACE OF DEATH a. COUNTY MARION | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE | |
| b. CITY OR TOWN HANNIBAL | | c. CITY OR TOWN MONROE CITY | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 19 days. | | e. STREET ADDRESS (If rural, give location) MONROE CITY, MO 66901 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) BELLE c. (Last) ODANIEL | | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1955 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH DECEMBER 6th 1872 | 9. AGE (In years last birthday) 82 | 10. MONTHS 6 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper | | 10b. KIND OF BUSINESS OR INDUSTRY OWN Home. | 11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME VICTOR E. HAGAN | 13b. MOTHER'S MAIDEN NAME MILDRED JOHNSTON | 14. NAME OF HUSBAND OR WIFE EDWARD ODANIEL |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Wm John C. De Laporte, Hannibal |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 June 1, 1955, to June 18, 1955, that I last saw the deceased alive on June 17, 1955 and that death occurred at 1015A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE Wm John C. De Laporte (Degree or title) | 23b. ADDRESS Hannibal Mo | 23c. DATE SIGNED June 20/55 |
| 24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL | 24b. DATE June 1955 | 24c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery |
| DATE REC'D BY LOCAL REG. June 21 '55 | REGISTRAR'S SIGNATURE Wm Lucke Reg. M.C.F. Mo | 24d. LOCATION (City, town, or county) (State) Monroe City, Missouri |
| 25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Son | | ADDRESS Monroe City, Missouri |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 24 1955
MARION CO. HEALTH DEPT.,
DATE FILED JUN 24 1955

SEP 9 1955

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

Student.....
Signature of Student Embalmer

Signed Lester L. Wilcox.....

Licensed Embalmer No. 3114..

P. O. Address Wagon City.....

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.