

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24176**
Registrar's No. **5380**

FILED AUG 2 - 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

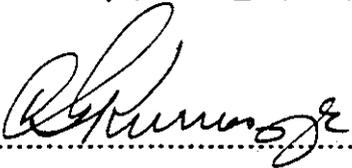
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give city or town) ST. LOUIS		c. CITY OR TOWN East St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. PACIFIC HOSP		e. STREET ADDRESS (If rural, give location) 513 N. 40th Street	
3. NAME OF DECEASED (Type or Print) a. (First) KENNETH		b. (Middle) EDWARD	
c. (Last) O'DELL		4. DATE OF DEATH (Month) (Day) (Year) 6 / 20 / 55	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH March 2, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Switchman - Railroad		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 58
11. BIRTHPLACE (City and State or Foreign Country) Macedonia, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME George O'Dell		13b. MOTHER'S MAIDEN NAME Marietta Kearney	
14. NAME OF HUSBAND OR WIFE Mrs. K. E. O'Dell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 708-09-2903		17. INFORMANT'S SIGNATURE OR NAME Mrs. Kenneth O'Dell	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive heart failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>one week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart dis.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 4200		22. I hereby certify that I attended the deceased from <u>June 19, 1955</u> , to <u>June 20, 1955</u> , that I last saw the deceased alive on <u>June 20, 1955</u> , and that death occurred at <u>4:04 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>[Address]</i>	
23c. DATE SIGNED 6/20/55		24a. BURIAL, CREMATION REMOVAL (Specify)	
24b. DATE June 21, 1955		24c. NAME OF CEMETERY OR CREMATORY Mount Hope	
24d. LOCATION (City, town, or county) (State) Belleville, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
DATE REC'D BY LOCAL REG. JUN 21 1955		25. FUNERAL DIRECTOR'S ADDRESS E. St. Louis #1	

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.....


Licensed Embalmer No. 216

P. O. Address C. St. Louis

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.