.300
.48

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

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28020

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6714

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospt #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
STREET ADDRESS (If rural, give location): 22 720 S. 4th St. 22 2/0

3. NAME OF DECEASED (Type or Print)
a. (First): Lyman
b. (Middle): Raymond
c. (Last): O'Dell

4. DATE OF DEATH (Month) (Day) (Year): Aug 1 1955

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: Oct 3 1864

9. AGE (In years last birthday): 90
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): Retired Sign Painter

10b. KIND OF BUSINESS OR INDUSTRY: ....

11. BIRTHPLACE (City and State or Foreign Country): Indiana. /

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Dan F. O'Dell

13b. MOTHER'S MAIDEN NAME: Mary Certhy

14. NAME OF HUSBAND OR WIFE: Dolly Varden O'Dell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): .....

16. SOCIAL SECURITY NO.: Dont Know

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Dolly Varden O'Dell 720 S 4th St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat Exhaustion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: E9319

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) 000 (COUNTY) 46 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* _____ *19*__, *to* _____, *19*__, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* 8:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Deputy Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 8/3/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Aug 4 1955

24c. NAME OF CEMETERY OR CREMATORY: St. Ferdinand Cemetery

24d. LOCATION (City, town, or county) (State): Florissant Mo.

DATE REC'D BY LOCAL REG.: AUG 3 1955

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Weick Bros 2201 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill C. Bra...

Licensed Embalmer No. 4...

P. O. Address St. Lo...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.