

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36356**

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 119	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan b. COUNTY Oakland			
b. CITY (If outside corporate limits, write RURAL and give town) Boonville		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Pontiac		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				• STREET ADDRESS (If rural, give location) 379 Winding Dr. South			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Daniel		c. (Last) Odneal		4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 15, 1915	
9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Information Rep.		10b. KIND OF BUSINESS OR INDUSTRY U. A. W-CIO		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wilsey M. Odneal			13b. MOTHER'S MAIDEN NAME Lon V. Smith			14. NAME OF HUSBAND OR WIFE M. Maye Hubbard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 386-01-2824		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John D. Odneal Pontiac, Mich			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH ± 10 minutes	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. 4201					
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) m.		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 11-23-55 , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. M. Stuart M.D.				23b. ADDRESS 379 Main, Boonville, Mo		23c. DATE SIGNED 11-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11/24/55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Pontiac, Michigan	
DATE REC'D BY LOCAL REG. 11/23/55		REGISTRAR'S SIGNATURE B. Cooper 3810		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. W. Shacker Boonville Mo			

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

DEC 6 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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Berry W. Thacker*
Licensed Embalmer No. *394*
P. O. Address *Boonville*

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.