

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
291

8783

BIRTH NO. .... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b>		b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>25 Days</b>		c. CITY OR TOWN <b>Harrison</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ozark Osteopathic Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>Rural Route # 5 40<sup>50</sup> 3</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>William</b>	b. (Middle) <b>Albert</b>	c. (Last) <b>Odell</b>	(Month) <b>3</b>	(Day) <b>26</b>	(Year) <b>56</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 24, 1883</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b>	IF UNDER 24 HRS. Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad employe</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Girard, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		

13a. FATHER'S NAME <b>Marion Odell</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Edith Odell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>Yes</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lois Mathison, Rt. # 5, Harrison, Ark.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Hypostatic Pneumonia</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) <b>Recumbency</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Myocardial failure with mitral stenosis</b>	

19a. DATE OF OPERATION <b>3/7/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Gangrene of right foot</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from 3/1/56 <sup>19</sup> to 3/26/56 <sup>19</sup>, that I last saw the deceased alive on 3/25/56 <sup>19</sup>, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard D. [Signature]</i>	23b. ADDRESS <b>700 E. Sunshine, Springfield Missouri</b>	23c. DATE SIGNED <b>3/26/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/27/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Harrison, Ark.</b>	24d. LOCATION (city, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>3-28-56</b>	REGISTRAR'S SIGNATURE <i>Edith Williams</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. D. Johnson</i>	ADDRESS <b>Springfield</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1956

APR 18 1956

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 *Levin L. Suddley*

Licensed Embalmer No. *15872*

P. O. Address *Springfield*

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.