

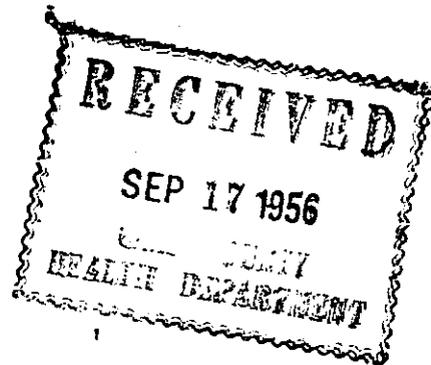
FILED SEP 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30101**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4095		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Drexel.		c. LENGTH OF STAY (in this place) 15 Yrs.		c. CITY OR TOWN Drexel		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 Not in hosp. At home.				e. STREET ADDRESS (If rural, give location) No Street Numbers.			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) O'DELL		c. (Last) PASCO		4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1956.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July, 4, 1874	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 2 Days 7		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.		10b. KIND OF BUSINESS OR INDUSTRY Household duties		11. BIRTHPLACE (City and State or Foreign Country) Rockville, Indiana.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harvey C. O'Dell			13b. MOTHER'S MAIDEN NAME Nancy Carmichael		14. NAME OF HUSBAND/ OR WIFE Roy L. Pasco		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. L. Pasco, Drexel, Mo.			
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) Coronary Thrombosis (acute) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Just 8-10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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 Sep. 10, 1956 , to Sept. 11, 1956 , that I last saw the deceased alive on Sep. 11, 1956 , and that death occurred at 3:00A m. , from the causes and on the date stated above.							
23a. SIGNATURE C. D. Marsh D.O.				23b. ADDRESS Drexel, Missouri.		23c. DATE SIGNED 9/12/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Removal & Burial		9/13/56		Louisburg Cemetery		Louisburg, Kansas.	
DATE REC'D BY LOCAL REG. 9/13/56		REGISTRAR'S SIGNATURE Norm Barwood		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Drexel, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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



REC 25 1956
REC 25 1956

STATEMENT BY LICENSED EMBALMER

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

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

~~working under my personal supervision..~~

Student.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. 195.....

P. O. Address *Drexel*.....

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.