

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **44430**

**FILED DEC 24 1956**

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>3072</b>		Registrar's No. <b>202</b>	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY OR TOWN <b>Marshall</b>		c. LENGTH OF STAY (in this place) <b>3 years</b>		c. CITY OR TOWN <b>Napton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Good Will Rest Homes</b>				e. STREET ADDRESS (If rural, give location) <b>Rural route No. I.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eva</b> b. (Middle) <b>Dysart</b> c. (Last) <b>Odell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21st, 1956</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 21, 1873</b>		9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Saline County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Dysart</b>			13b. MOTHER'S MAIDEN NAME <b>Annie Townsend</b>		14. NAME OF HUSBAND OR WIFE -----		
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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harvard Odell, Napton, Mo. Route No. I.</b> ADDRESS			
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, arteriosclerosis, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pulmonary Edema.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cordis Vasculi Dis</b> 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 <b>1 hr</b> <b>60 yrs</b>
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)		<b>443x</b>	
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 <b>Sept 1955</b> , to <b>Dec 21, 1956</b> , that I last saw the deceased alive on <b>Dec 21, 1956</b> , and that death occurred at <b>11-40Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harvard B. Roche M.D.</b>				23b. ADDRESS <b>Marshall Mo</b>		23c. DATE SIGNED <b>12/23/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 23, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Dec. 22-56</b>		REGISTRAR'S SIGNATURE <b>Cecil G. Reed</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CAMPBELL-LEWIS-MARSHALL-Mo.</b> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
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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.....  
*Joe H. Parris*

Licensed Embalmer No. 1117  
P. O. Address *Marshfield*

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.