

FILED JAN 21 1957

## STANDARD CERTIFICATE OF DEATH

State File No. 650

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural- Liberty Township</b> )		c. LENGTH OF STAY (in this place) <b>14 dys</b>		c. CITY OR TOWN <b>Excelsior Springs R.#2</b>		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>I-O-O-F Home (Hospital)</b>				STREET ADDRESS (If rural, give location) <b>Rural- 3 1/2 M.S.E. Excelsior</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIE</b>		b. (Middle) <b>EVERETT</b>		c. (Last) <b>O'DELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 5 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec 24 1888</b>		9. AGE (In years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Caleb O'Dell</b>		13b. MOTHER'S MAIDEN NAME <b>Georgiann Titus</b>		14. NAME OF HUSBAND OR WIFE <b>#####</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Edna Swafford- Excelsior Spgs Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Colon</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<b>153x</b>		20. AUTOPSY? <b>2</b> 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)		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>Dec 1, 1956</b> , to <b>Jan 5, 1957</b> , that I last saw the deceased alive on <b>Jan 4, 1957</b> , and that death occurred at <b>2:25 AM</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Mrs Edna Swafford</b> (Degree or title)				23b. ADDRESS <b>Liberty Missouri</b>		23c. DATE SIGNED <b>1/8/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 6 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Siegel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ray County Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-9-57</b>		REGISTRAR'S SIGNATURE <b>Mabel Graham</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Virgil Hope Ex-Springs Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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



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 *James A. Moles* .....

Licensed Embalmer No. 3296...

P. O. Address Excelsior S .....

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.