

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16330

State File No. _____

FILED JUN 6 1957

Registrar's No. 377

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		State File No. _____		Registrar's No. <u>377</u>					
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>									
b. CITY OR TOWN <u>POPLAR BLUFF</u>		c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		c. CITY OR TOWN <u>VAN BUREN</u>		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 <u>POPLAR BLUFF HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>VAN BUREN, MO.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>OLIVER</u>			c. (Last) <u>O'DEIL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1957</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov 4 1888</u>		9. AGE (In years last birthday) <u>70</u>		if UNDER 1 YEAR: Months <u>6</u> Days <u>12</u>		if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CARTER COUNTY MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>SAMUEL O'DEIL</u>				13b. MOTHER'S MAIDEN NAME <u>SARAH WOODARD</u>				14. NAME OF HUSBAND OR WIFE <u>VERIENA O'DEIL</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VERIENA O'DEIL, VAN BUREN MO.</u>							
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Nephrosis - Hemiplexia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>						<u>4 years</u>					
		DUE TO (c) <u>331.X</u>						<u>4 year</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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 <u>5 Feb, 1957</u> to <u>16 May, 1957</u> that I last saw the deceased alive on <u>16 May, 1957</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>321 Oak Poplar Bluff Mo</u>				23c. DATE SIGNED <u>3/1/57</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-21-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRASSHAM CEMETERY</u>		24d. LOCATION (City, town, or county) <u>CARTER CO.</u>		(State) <u>MO.</u>					
DATE REC'D BY LOCAL REG. <u>6/6/57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Van Buren, MO</u>					

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

489

RECEIVED

JUN 4 1957
BUTLER CO. HEALTH CENTER
FILE NO. _____

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 *Allen C. McGee*

Licensed Embalmer No. *45-4*

P. O. Address *Van Buren*

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.