

Health, Welfare, Public Service

300-1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED OCT 7 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31470

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 950

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte				
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp'		Length of stay in 1b 3 WKS		d. STREET ADDRESS (If outside, give location) 500 N 31st Terrace		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) CLARENCE ODUM				4. DATE OF DEATH Month IO Day I Year 57				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12 25 1894		
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coach Cleaner			10b. KIND OF BUSINESS OR INDUSTRY Frisco RR		11. BIRTHPLACE (City and state or country) Topeka Kans'		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Odum				14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 703-07-5757		17. INFORMANT Address Eva Odum 3500 N 31st, Terrace KCK				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma of abdomen Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1991						INTERVAL BETWEEN ONSET AND DEATH 1 year		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from July to 10/1/57 and last saw ^{her} him alive on 10/1/57 Death occurred at 11:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE A. A. Shaw, Jr. M.D.				22b. ADDRESS 430 South Street		22c. DATE SIGNED 10/2/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-3-57		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Kansas City Kans'		
24. FUNERAL DIRECTOR ADDRESS H. Y. Smith 602 N. Jefferson				25. DATE RECD. BY LOCAL REG. 10-3-57		26. REGISTRAR'S SIGNATURE Edith Williams		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

OCT 9

1957

NOV 15 1957

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 *Herbert V. Smith*

Licensed Embalmer No. *72*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.