THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 2 1958

58-011008
STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Federal Sold. Home Length of stay in Ib 12 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Crocker, Missouri Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) None. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Ollie Middle Brooks Last Odom.

4. DATE OF DEATH Month March Day 22 Year 1958

5. SEX Female 6. COLOR OR RACE White. 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 3/4/1878

9. AGE (In years on last birthday) 80 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) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (City and state or country) Tuscumbia, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown. Cotton
13b. MOTHER'S MAIDEN NAME Unknown.
14. NAME OF HUSBAND OR WIFE William Henry Odom

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ---------
17. INFORMANT Address Mrs Virgie Shattuck Crocker, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Degenerative Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 4-22-57 to 3-22-58 and last saw her alive on 3-22-58
Death occurred at 11.05 ~~a.m.~~ P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS St. James, Missouri
22c. DATE SIGNED 3/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3/22/58
23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemet.
23d. LOCATION (City, town, or county) (State) Crocker, Missouri

24. FUNERAL DIRECTOR ADDRESS Hedges Funeral Home Crocker, Mo
25. DATE RECD. BY LOCAL REG. 3-22-58
26. REGISTRAR'S SIGNATURE Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
Pheln County Health Officer,
County File Number 1001
Date Filed 3-31-58

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 Clarence E. Wad

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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.