

FILED JUN 30 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022794

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3.052 Registrar's No. 279

300  
1-57  
0

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		Length of stay in lb <u>41 yrs</u>		STREET ADDRESS (If outside, give location) <u>512 East 3rd</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Edward O'Donnell</u>				4. DATE OF DEATH Month Day Year <u>June 22 1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 2 1877</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days <u>7 20</u>		IF UNDER 24 HRS. Hours Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. Shops</u>		11. BIRTHPLACE (City and state or country) <u>Marshall Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MARDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Carolina O'Donnell</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. <u>702-16-47051</u>		17. INFORMANT <u>Mrs Carolina O'Donnell</u>		Address <u>512 E. 3rd</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Haemorrhage -</u> <u>Hypertension.</u> ch. DUE TO (b) <u>Arterio Sclerosis ch 331X</u> DUE TO (c) <u>Arterio Sclerosis Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <u>Arterio Sclerosis Heart Disease</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>—</u>					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>—</u>							
20d. INJURY OCCURRED WHILE AT <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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY STATE	
21. I attended the deceased from Death occurred at <u>4-2-58</u> to <u>June 22/58</u> and last saw him alive on <u>June 21/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. Beckemeyer MD</u> (Degree or title)		22b. ADDRESS <u>Sedalia Mo</u>		22c. DATE SIGNED <u>6/24/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-25-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>	
24. FUNERAL DIRECTOR <u>M<sup>o</sup> Laughlin Bros</u>		ADDRESS <u>Sedalia</u>		25. DATE RECD. BY LOCAL REG. <u>June 25, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JUN 20 1958

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 K.P.M. Leary  
Licensed Embalmer No. 31530  
P. O. Address Sedalia

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.