

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035664

STATE FILE NUMBER

FILED OCT 22 1958 Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Braymer		c. CITY OR TOWN Braymer	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION city limits		d. STREET ADDRESS (If outside, give location) 0/3	
3. NAME OF DECEASED (Type or print) First VIRGIL Middle PAUL Last ODELL		4. DATE OF DEATH Oct. 13, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician		10b. KIND OF BUSINESS OR INDUSTRY electrical	11. BIRTHPLACE (City and state or country) Braymer, Mo.
13. FATHER'S NAME John R. O'Dell		14. MOTHER'S MAIDEN NAME Bessie Marshall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W. W. 2 489-30-5393	17. INFORMANT John R. O'Dell, Braymer, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardio-renal syndrome. DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
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 Oct 13/58 to Oct 13/58 and last saw him alive on Oct 13/58 Death occurred at 5:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Braymer, Mo.	22c. DATE SIGNED 10/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/16/1958	23c. NAME OF CEMETERY OR CREMATORY Evergreen cemetery	23d. LOCATION (City, town, or county) (State) Braymer, Mo.
24. FUNERAL DIRECTOR Michael Funeral Home, Braymer, Mo.		25. DATE RECD. BY LOCAL REG. 10-16-1958	26. REGISTRAR'S SIGNATURE Mrs. Ruth Ann Jungst

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

99

APR 2 1959

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 Henry Michael

Licensed Embalmer No. 43

P. O. Address Brayme

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.