

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046900

STATE FILE NUMBER

FILED DEC 19 1958

Registration District No.

333

Primary Registration District No.

3074

Registrar's No.

230

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Scott</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sikeston</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Matthews</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Mo. Delta Comm. Hosp.</b>		Length of stay in lb <b>1 Day</b>	d. STREET ADDRESS (If outside, give location) <b>Route #2</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>VICKY</b> Middle <b>DIANNE</b> Last <b>ODLE</b>			4. DATE OF DEATH Month <b>12</b> Day <b>9</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-30-1956</b>		9. AGE (In years last birthday) <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Gideon, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George Odle, Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Fite</b>		14. NAME OF HUSBAND OR WIFE <b>0</b>	
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. <b>0</b>		17. INFORMANT <b>George Odle, Jr.</b> Address <b>Matthews, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subarachnoid or Subcortical hemorrhage - Traumatic</b> 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 (e)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <b>train auto collision</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>on highway</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Sikeston</b>		COUNTY <b>Scott</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>12-8-58</b> and last saw her alive on <b>12-9-58</b> Death occurred at <b>11:00</b> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Alfred J. Sargent M.D.</b>			22b. ADDRESS <b>Sikeston, Mo.</b>		22c. DATE SIGNED <b>12-10-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec 11, 58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Portageville Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Portageville, Mo.</b>		(State)			
24. FUNERAL DIRECTOR <b>Donder Funeral Home-Lilburn,</b>			25. DATE RECD. BY LOCAL REG. <b>Mo. 12-12-58</b>		26. REGISTRAR'S SIGNATURE <b>Max Ellis Hunter</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harold E. Pender* .....

Licensed Embalmer No. *5030* .....  
P. O. Address *Lilbourn, Mo.* .....

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.