Health, Welfare Public Service

300 -57

FILED MAR 25 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008756

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): N. K. C. Memorial Hospital — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ray
c. CITY OR TOWN: Hardin — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): R. F. D. — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: JESSE Middle: Last: O'DELL

4. DATE OF DEATH Month: March Day: 12 Year: 1959

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

8. DATE OF BIRTH: July 28, 1871

9. AGE (In years last birthday): 88 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Ray Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Perry O'Dell
13b. MOTHER'S MAIDEN NAME: Rouisa
14. NAME OF HUSBAND OR WIFE: Nancy Duncan

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.: None
17. INFORMANT Address: Gordon O'Dell, Hardin, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
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): Cerebral Arteriosclerosis 491X

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

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 3/8/59 to 3/12/59 and last saw her/him alive on 3/12/59.
Death occurred at 8:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R P Bowles, M.D.
22b. ADDRESS: Liberty, Missouri
22c. DATE SIGNED: 3/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-13-1959
23c. NAME OF CEMETERY OR CREMATORY: New Garden Cemetery
23d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.

24. FUNERAL DIRECTOR ADDRESS: Knipschild Bocherding Funeral Home, Hardin, Mo.
25. DATE RECD. BY LOCAL REG.: 3-13-59
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

RECEIV
MAR 23
CLAY C
HEALTH C

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed E. C. Gibson

Licensed Embalmer No. 4137

Excelsior Spgs, 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.