

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021602

STATE FILE NUMBER 3132

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3132

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>215 E. 73 TERR.</b>			Length of stay in lb <b>UNKNOWN</b>		d. STREET ADDRESS (If outside, give location) <b>215 E. 73 TERR</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ANNABELLE</b> Middle <b>O'DAY</b> Last				4. DATE OF DEATH Month <b>JUNE</b> Day <b>25</b> Year <b>1959</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>JUNE 3 1883</b>		9. AGE (In years last birthday) <b>76</b>	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) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>KAHOKA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>MALICHI MURPHREE</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH WEISS</b>			14. NAME OF HUSBAND OR WIFE <b>DANIEL K. O'DAY</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>MRS. VERA E. LAYDEN 215 E. 73 rd TERR.</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>Recurrent bilateral Pyelonephritis</b>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Recurrent acute and chronic cystitis</b>								
DUE TO (c) <b>Cord Bladder with indwelling catheter</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture left femur 1953; Diabetes Mellitus - mild; Hypertensive CV Dis.</b>							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.) <b>357X</b>					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <b>11-5-48</b> to <b>6-25-59</b> and last saw her/him alive on <b>6-24-59</b> Death occurred at <b>7 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>J. H. Wheeler</i> (Degree or title)				22b. ADDRESS <b>M.D. 411 Nichols Road, K. C. Mo.</b>			22c. DATE SIGNED <b>6-25-59</b>	
23a. BURIAL, CREMATION, REPOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 27, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST OLIVET CEM</b>			23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>		
24. FUNERAL DIRECTOR <b>D. W. Newcomer's Sons, MO.</b>		ADDRESS <b>K. C.</b>		25. DATE RECD. BY LOCAL REG. <b>6-26-59</b>		26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>		

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
John H. Wheeler  
All causes 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 *Chester K Brown* .....

Licensed Embalmer No. *493* .....  
P. O. Address *K E No* .....

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.