

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023683

STATE FILE NUMBER

Registrar's No.

1681

FILED JUN 30 1959

Registration District No.

317

Primary Registration District No.

590

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Ladue</b>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ladue</b> 4451
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>46 Ladue Terrace</b>		Length of stay in lb. <b>3 1/2 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>46 Ladue Terrace</b>
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Thomas</b> Last <b>Odell</b>			4. DATE OF DEATH Month <b>June</b> Day <b>21</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 15, 1913</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician &amp; Surgeon</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	9. AGE (In years last birthday) <b>46</b>
11. BIRTHPLACE (City and state or country) <b>Fulton, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Clifton Odell</b>		13b. MOTHER'S MAIDEN NAME <b>Dolly Thomas</b>	14. NAME OF HUSBAND OR WIFE <b>Vesta Spurgeon Odell</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>116-03-5777</b>	17. INFORMANT Address <b>Mrs. Vesta S. Odell, 46 Ladue Terrace</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>Reticulum cell sarcoma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs -</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>2001</b>			
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1956</b> to <b>Parent</b> and last saw him alive on <b>6/21/59</b> Death occurred at <b>8:50 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Orville T. Rouse M.D.</b>		22b. ADDRESS <b>100 N. Euclid</b>	22c. DATE SIGNED <b>6/22/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Farmington, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Cozean Funeral Home, Farmington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-23-59</b>	26. REGISTRAR'S SIGNATURE <b>John P. Murphy, M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

alth, elfare blic rvice

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Part causes in. Unit must be custody retained.

JUN 8 1956

MS JUL 21 1956

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 *J Wm Binkley* .....

Licensed Embalmer No. *3653*

P. O. Address *J. W. Binkley*

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.