

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035534**

**FILED VS NOV 5 1959**

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 181

MAILED

1. PLACE OF DEATH a. COUNTY <u>Plays</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Plays</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>N Kansas City</u>		Length of stay in 1b <u>5 da.</u>	c. CITY OR TOWN <u>Liberty</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>508 Stanton</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>O'DELL</u> Last <u>O'DELL</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>27</u> Year <u>1959</u>			
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5. SEX <u>male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 8-1905</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 24 HR Hours <u>5</u> Min. <u>4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior Decorator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>	11. BIRTHPLACE (City and state or country) <u>Orleans Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jesse O'Dell</u>	13b. MOTHER'S MAIDEN NAME <u>Woray Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia O'Dell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Virginia O'Dell Liberty, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>  <u>20 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Bronchial asthma</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) <u>at 3-4 due to vertebral fracture Compression of spinal cord 3-5-54</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour <u>9:35</u> a.m. <u>P</u> Month, Day, Year <u>9-22-59</u>	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 <u>Liberty Mo.</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>9-22-59</u> to <u>10-27-59</u> and last saw <sup>her</sup> him alive on <u>10-27-59</u> . Death occurred at <u>9:35 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>R.P. Bowler MD</u>	22b. ADDRESS <u>Liberty Mo.</u>	22c. DATE SIGNED <u>10/28/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Hardin Mo.</u>
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24. FUNERAL DIRECTOR <u>Church-Cremer Co.</u>	ADDRESS <u>Liberty Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-30-59</u>	26. REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 2 1959

MAR 28 1960

JAN 13 1960

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 G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, MD

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.