

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001789

FILED VS FEB 15 1960

559

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 559

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>LINN</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>8 Mo, 27 Day</b>		c. CITY OR TOWN <b>BROOKFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>				d. STREET ADDRESS (If outside, give location) <b>20 West Clayton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES CLAUDE O'DELL</b>				4. DATE OF DEATH Month Day Year <b>JANUARY 31 1960</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>12-3-06</b>	9. AGE (last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Drayman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Truck line</b>		11. BIRTHPLACE (City and state or country) <b>Tina, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>IVAN O'DELL</b>			13b. MOTHER'S MAIDEN NAME <b>ELLA GODSEY</b>			14. NAME OF HUSBAND OR WIFE <b>ADA O'DELL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 3-2-44 to 10-31-45</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Mrs Ada O'Dell, Brookfield, Mo. Official Records, VA Hospital, K.C., MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Broncho pneumonia</b>						<b>3 days</b>	
DUE TO (b) <b>Acute lymphatic leukemia</b>						<b>3 months</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)						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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.		Month, Day, Year					
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		COUNTY STATE	
<b>VA</b>		<b>6-4-59</b>		<b>1-31-60</b>			
21. Remanded the deceased from <b>6-4-59</b> to <b>1-31-60</b> Death occurred at <b>3:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Richard A. Grunbeck M.D.</b>				22b. ADDRESS <b>VA HOSPITAL, KANSAS CITY, MO.</b>		22c. DATE SIGNED <b>1-31-60</b>	
23a. METHOD OF CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-31-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>-</b>		23d. LOCATION (City, town, or county) (State) <b>Brookfield Mo</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Hill Mortuary, Brookfield Mo</b>				25. DATE RECD. BY LOCAL REG. <b>1-31-60</b>		26. REGISTRAR'S SIGNATURE <b>Debra Marshall</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 20 1961

MAY 8 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 \_\_\_\_\_ or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. Dicks

Licensed Embalmer No. 45  
P. O. Address Kansas City

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.