

# MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

-61-002039

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 174 Primary Registration District No. 5244 Registrar's No. 13

STATE FILE NUMBER

AMENDED

FILED VS FEB 1 1961

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		Length of stay in lb <b>2 months</b>	c. CITY OR TOWN <b>Lexington</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>203 Dover Rd.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.R.1</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Maud Lucille O'Doniel</b>			4. DATE OF DEATH Month Day Year <b>January 23, 1961</b>			
5. SEX <b>female</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>March 24 1923</b>	9. AGE (last birthday) <b>37</b>	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days 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 <b>own Home</b>	11. BIRTHPLACE (City and state or country) <b>Higginville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Bud Shutt</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Steen</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest O'Doniel</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>7 15</b>		17. INFORMANT Address <b>Ernest O'Doniel, Lexington, 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>Acute Myocardial Regeneration</b>			<b>4 hrs</b>
DUE TO (b) <b>Emboli of lung</b>			<b>6 hrs</b>
DUE TO (c) <b>Carcinoma of uterus with Metastases</b>			<b>2 yrs.</b>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? <b>YES - NO</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. 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 <b>Lexington</b>	COUNTY <b>Lafayette</b>	STATE <b>Missouri</b>
21. I attended the deceased from <b>December 31, 1960</b> to <b>Jan 23 1961</b> and last saw her/him alive on <b>Jan 23, 1961</b> Death occurred at <b>5:35 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Name or title) <b>Dr. John C. Beltram</b>		22b. ADDRESS <b>1110 1/2 Main St. Lexington Mo</b>	22c. DATE SIGNED <b>1-24-61</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-25-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Machpelah Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b>

24. FUNERAL DIRECTOR ADDRESS <b>Vaughn-Walker Lexington, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>1-24-61</b>	26. REGISTRAR'S SIGNATURE <b>Mama E. Eachus</b>
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AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

FEB 1 1961

SEP 6 1961

**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 L Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, Va

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.