

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7936** STATE FILE NUMBER **61-031011**

FILED AUG 31 1961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill b. COUNTY Williamson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in Ill. 1 hour	c. CITY OR TOWN Marion <input checked="" type="checkbox"/> Inside Limits <input type="checkbox"/> No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) 908 West Cherry <input type="checkbox"/> Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3. NAME OF DECEASED (Type or print) First Lora Middle Odum Last Odum	4. DATE OF DEATH Month Aug. Day 25 Year 1961
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-18-1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Marion, Ill.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Martin Groves	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Odum
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Alletha Fietsam 9701 Scotsdale Dr. Address
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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) Cardiac failure with hypostatic congestion lungs DUE TO (b) hypostatic congestion of lungs DUE TO (c) Senility		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which are due to above cause (a), stating the underlying cause last. 8-25-61		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 522x		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 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 8/24/61 to 8/25/61 and last saw her alive on 8/25/61 Death occurred at 12:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE H. J. Stein (Degree or title)	22b. ADDRESS 6917 W. Florissant	22c. DATE SIGNED 8/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-25-61	23c. NAME OF CEMETERY OR CREMATORY Davis Prairie Cemetery	23d. LOCATION (City, town, or county) Marion Illinois
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24. FUNERAL DIRECTOR Mitchell Funeral Home ADDRESS Marion Ill.	25. DATE RECD. BY LOCAL REG. AUG 25 1961	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 Frank Protopoff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

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.