

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED OCT 16 1961

=61-036181

STATE FILE NUMBER

AMENDED

Registration District No. 187-55 Primary Registration District No. 3011 Registrar's No. 176

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |   |  |  |
|---|---|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Carroll</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Tina (Van Varn)</b>  |   | Length of stay in 1b  | c. CITY OR TOWN <b>Brookfield</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 Miles S/W Tina</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>216 West Clayton</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>HOMER</b> Middle <b>M.</b> Last <b>O'Dell</b>   |   |   | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>29th</b> , Year <b>1961</b>   |   |  |  |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12/11/1892</b>   | 9. AGE (last birthday)<br><b>68</b>                                 | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>18</b><br>IF UNDER 24 HR<br>Hours <b></b> Min. <b></b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired barber &amp; Laborer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><b>Tina, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Eiv O'Dell</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Ella Godsey</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>dont know.</b>                    |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>yes W.W.I.</b>   |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><b>John O'Dell Brookfield, Missouri.</b>   |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>  |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 hours</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |   |   |  |  |
| 20c. TIME OF INJURY<br>Hour _____ e.m. _____ p.m. _____<br>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 _____   |  |
| 21. I attended the deceased from <b>on Sept. 29, 1961 (Coroner call)</b> and last saw her/him alive on _____<br>Death occurred at <b>2:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Ernest L. Smith D.C. Coroner Linn County</b>   |   |   | 22b. ADDRESS<br><b>1024 9th St. Carrollton Mo</b>   |   | 22c. DATE SIGNED<br><b>10/2/61</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>10/1/1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Rockbranch Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Tina, Missouri.</b>   |   |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Clifford W. Austin F-H Tina, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>10/12/61</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Mr. Herbert C. ...</b>  |   |  |  |

OCT 17 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 Clifford W. Austin  
**Clifford W. Austin**

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.