MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-005639
STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 205

FILED FEB 26 1962

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: 20 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Saxton Nursing Home 2421 Francis St.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 219 Ohio St.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Grace Middle: B Last: O'Dell
4. DATE OF DEATH: Month: February Day: 14 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: Apr. 2, 1879
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Independance, Iowa
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Ansil Miller
13b. MOTHER'S MAIDEN NAME: Emma Kephart
14. NAME OF HUSBAND OR WIFE: Albert E. O"Dell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Ad H. Spires Address: 6320 Grant St. St. Joseph,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 9-10-61
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 9-10-61, to 2-3-62 and last saw her/him alive on 2-3-62
Death occurred at 2:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. H. Tadlock M.D.
22b. ADDRESS: 316 N. Noyes Blvd
22c. DATE SIGNED: 2-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 16, 1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 16, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clark Kendall

(Licensed Embalmer's Statement on Reverse Side)

B. H. TADLOCK, M.D.

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

Dr. Tadlock

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_____ Signed Paul F. Clark
Signature of Student Embalmer

Licensed Embalmer No. 5024

P. O. Address St. Joseph, 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.