

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 960

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5502 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BEARBREAK TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton - RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Montana Rural</u>		d. STREET ADDRESS (If rural, give township)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRIETTA</u> b. (Middle) <u>NELLIE</u> c. (Last) <u>ODLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 6, 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>FEB 28, 1872</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR <u>11</u> Months	IF UNDER 11 HRS. <u>8</u> Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GODLOP F. SKEELE</u>	
13b. MOTHER'S MAIDEN NAME <u>CAROLINE GROFIE</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES W. ODLE, DEC.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louis Johnson, Montana</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Don't know. Saw her only</u> ANTECEDENT CAUSES <u>as specified below</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>Relative (Suicide)</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Depue, Henry Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/27/49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell</u>			
22. I hereby certify that I attended the deceased <u>from</u> <u>7/27</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>7/27</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. C. Peeler M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>2/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 9, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montana, Rural, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>V. L. Vassar</u>		ADDRESS <u>Clinton, Mo</u>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District-File Number 1-50-51

Date Filed 2-13-57

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
Student Embalmer

Signed A. J. Vansant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton.....

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 this body is not embalmed, fact should be so stated above.