

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43969**

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6018** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Fishing River		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION city limits near Hi-way 10		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs	
3. NAME OF DECEASED (Type or Print) a. (First) PHILLIP b. (Middle) SIMON c. (Last) ODLE		4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 16, 1886
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Odle		13b. MOTHER'S MAIDEN NAME Mary E. Siegel	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Yes, Unk	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Tom Tarwater, 123 Vaughn St. Ex. Springs Mo.	
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) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 15	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis			
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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8 Dec 1953 , to 8 Dec 1953 , that I last saw the deceased alive on 3 Nov 53 , and that death occurred at 7:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George E. Anderson, M.D.		23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 9 Dec 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-10-53	24c. NAME OF CEMETERY OR CREMATORY Siegel	24d. LOCATION (City, town, or county) (State) Rural, Ex. Springs, Mo.
DATE REC'D BY LOCAL REG. 12/11-53	REGISTRAR'S SIGNATURE Helen J. Larkin	25. FUNERAL DIRECTOR'S SIGNATURE Richard	ADDRESS Excelsior Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Spring 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 this body is not embalmed, fact should be so stated above.