

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 17 1950 STANDARD CERTIFICATE OF DEATH

9884

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 29

0821

0821

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>	
c. LENGTH OF STAY (in this place) <u>19 months</u>		d. STREET ADDRESS (If rural, give location) <u>121 South D. Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>121 South D. Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>STONE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 28, 1876</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>02</u> Days <u>12</u>	IF UNDER 1 HR. Hours <u>12</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Aluminum Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Aluminum Worker</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Samuel J. Odell</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Luella Odell</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Stone</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>329-10-3967</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed. Richards, Louisiana, Missouri</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>/</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1946, to March 10, 1950, that I last saw the deceased alive on March 10, 1949, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. A. Bilyea, M.D.</u> (Degree or title)	23b. ADDRESS <u>Louisiana</u>	23c. DATE SIGNED <u>March 11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/12/50</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Mt. Olive, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>March 14, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u> 374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home--Louisiana, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 4 1958

RECEIVED
District Health Officer No
District File Number 3-50
Date Filed MAR 15 1958

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 *J. B. Sterne*

Licensed Embalmer No. 4039

P. O. Address *Louisiana, 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.