

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38149

BIRTH NO. _____		REG. DIST. NO. 256		PRIMARY REG. DIST. NO. 4388		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage			
b. CITY (If outside corporate limits, write RURAL and give city or TOWN) Chamois		c. LENGTH OF STAY (in this place) 8 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Chamois		75006	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Theressa Maire Pack			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 23, 1879		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 1 Days 3		IF UNDER 24 HRS. 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		11. BIRTHPLACE (State or foreign country) Osage County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Koenigfeld		13b. MOTHER'S MAIDEN NAME Anna Holdinghaus		14. NAME OF HUSBAND OR WIFE Benjamin M. Pack			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. O. R. McKinney, Cape Girardeau, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia & Bronchial  ANTECEDENT CAUSES Morbid 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.  INTERVAL BETWEEN ONSET AND DEATH				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				21. HOW DID INJURY OCCUR?	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Sept, 1946, to Oct 26, 1949, that I last saw the deceased alive on Oct. 24, 1949, and that death occurred at 1:15 AM., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. E. Coffey, D. O. M.				23b. ADDRESS Chamois, Mo.		23c. DATE SIGNED 10/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/28/49		24c. NAME OF CEMETERY OR CREMATORY Chamois Catholic		24d. LOCATION (City, town, or county) (State) Chamois, Mo.	
DATE REC'D BY LOCAL REG. 10-28-49		REGISTRAR'S SIGNATURE Esther Souder 234		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Morton		ADDRESS Linn, Mo	

(Licensed Embalmer's Statement of Reverse Side)

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

300  
48

RECEIVED NOV 23 1949  
District Health Officer No. 9,  
District File Number

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lincoln

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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