

**JAN 15 1952**

**STANDARD CERTIFICATE OF DEATH**

State File No. .... 1075

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 1092

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairland</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Rt. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Aurora Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Grace</u> c. (Last) <u>Packard</u>		4. DATE OF DEATH Jan. 7, 1952 (Month) (Day) (Year)	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18, 1890</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mina, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>D. G. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Hampton</u>		14. NAME OF HUSBAND OR WIFE <u>Reuben R. Packard</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Reuben R. Packard Fairland, Okla</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u>		ANTECEDENT CAUSES		Years <u>_____</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Arterio-sclerotic Heart</u>		DUE TO (c) <u>Diarrhea</u>			
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 <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Sept., 1951 to Jan. 7, 1952, that I last saw the deceased alive on Jan. 7, 1952, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. P. Gayle</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Aurora, Mo.</u>	
23c. DATE SIGNED <u>7-8-52</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/10/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marionville Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Jan 8 - 1952</u>		REGISTRAR'S SIGNATURE <u>Orsa Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton Lurdy, Miami, Okla.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.